ROUTING SLIP FOR INVOICES

DATE June 18, 2018	CONTRACTOR Fam	ily Values
	CFMS 2000234086	
	MONTH OF SERVICE	May 2018
TO Shropshire		
INITIAL REVIEW	DATE	07/23/18
FSPS2 REVIEW	DATE	
Program Manager 1/2	25/18 DATE	
POSTED TO SPREADSHEET 0	7/24/18	
SENT TO FISCAL	EQUIPMENT TO BE	FAGGED?
ADVANCE RECOUPMENT?	 	
COMMENTS:		



DEPARTMENT OF CHILDREN AND FAMILY SERVICES Cost Reimbursement Invoice Form

Building a Stronger Louisiana		
Family Values Resource Institute, Inc.	MAY 2018	
Contractor Name	Service Period	
7515 Scenic Highway Malling Address	2000234086	
Potent Description of the control of	Contract/CFMS#	

234086 - 0518 Invoice Number

- Barbara Thomas / 225-359-9001 Contact Person/Telephone Number

Baton Rouge, LA 70807 City, State, Zip

EXPENDITURE CATEGORY (A)	APPROVED BUDGET (B)	CURRENT PERIOD EXPENDITURES (C)	PRIOR PERIOD EXPENDITURES (D)	CUMULATIVE EXPENDITURES (E)	REMAINING CONTRACT BALANCE (F)	COST SHARING (G)
PERSONNEL	\$172,500.00	\$14,374.99	\$143,749.93	\$158,124.92	\$14,375.08	(0)
FRINGE BENEFITS	\$22,235.25	\$1,630.11	\$12,057.64	\$13,687.75	\$8,547.50	
TRAVEL	\$1,000.00	\$0.00	\$782.90	\$ 782.90	\$ 217.10	
OPERATING SERVICES	\$52,564.75	\$3,180.54	\$43,499.88	\$46,680.42	\$5,884.33	
SUPPLIES	\$0.00	\$0.00	\$0.00	\$ 0.00	\$ 0.00	
PROFESSIONAL SERVICES	\$63,900.00	\$4,309.72	\$51,780.63	\$56,090.35	\$7,809.65	
OTHER CHARGES	\$216,000.00	\$17,600.00	\$168,200.00	\$185,800.00	\$30,200.00	10
EQUIPMENT/ ACQUISITIONS	\$1,000.00	\$0.00	\$1,000.00	\$1,000.00	\$ 0.00	
INDIRECT COST	\$0.00	\$0.00	\$0.00	\$ 0.00	\$ 0.00	\$0.00
TOTALS	\$529,200.00	\$41,095.36	\$421,070.98	\$462,166.34	\$67,033.66	\$ 0.00

issyled, and the	at the services were	ifed above are corre rendered in accord	ance with the terms	these services has no and conditions of the Olyfl Date	ot been previous contract.	ly
		FOR D	CFS USE ONLY		4874	1110
DCFS invoice Number	org 4274	ОЫ 3740	Rep Cat 507/	Sub Obj Line 2	ACTV	, , , , , , , , , , , , , , , , , , ,
	1.0	I Oh:	D 0-4	L Out Ot:	40707	

		FOR DO	FS USE ONLY		
DCFS invoice Number	Org 4274	Оы 3740	Rep Cat 507/	Sub Obj Line 2	ACTV
	Org	Obj	Rep Cat	Sub Obj	ACTV
W	Org	Obj	Rep Cat	Sub Obj	ACTV
Program Compliance Approval	and deliverables I	xpenditures have been received. tle of Authorized DCFS	w Program	n Harage Date	nd program guidelines



	4		

	1) (3		
		7	

	a 2
	181
SUBTOTAL	\$ 22,090.26
Eduipment	00.0 \$
Electronic Payroll Transaction Fees	00.0 \$
Maintenance	09.309 \$
Insurance	00.0 \$
Auditor	00.0
Evaluator	00'0 \$ 00'0 \$ 00'0 \$ 00'0 \$ 00'0 \$ 00'006 \$ 00'006 \$
Public Relations Consultant	00.008 \$
Subcontractors	00.009,71 \$
Accounting/Bookkeeping Services	Z7.609,Z \$
Online Client Database	\$ 422.00
temetri	0.00 \$ 0.
Felephone	\$ 250.00
Service Provider Tm.	00.00 \$
Seilqqu2 soffice	67.888 \$
Postage	99.6 \$
Tavel	00.0 \$
Copier Lease	06.961 \$
gnitnin9	00.00 \$
Utilities	00.00 \$
Rent	\$ 1,200.00
THER EXPENSES:	
JATOTBUS	01.300,310
Ецидеs	11:000 ¹ 1
· -	11,059,1
Data Entry Specialist Client Svcs. Coord./Care Provider	\$ 2,083.33
Compliance Coordinator	\$ 2,041.66
⊏uuc. opecialist Compliance Coordinator	99 170 C \$

TOTA! INVOICE AMOLINT \$41,095.36



110000 001

FAMILY VALUES RESOURCE INSTITUTE INC





Page: 1 of 1

Statements Dates 05/01/2018 - 05/31/2018

Account Number:

Images:

0

ZERO CHECKS EO



RESTRICTED FUNDS P O BOX 74403 **BATON ROUGE LA 70874**

> ON 5/25/18, WE BECAME HANCOCK WHITNEY BANK. VISIT HANCOCKWHITNEY.COM/OUR-NEXT-STEP FOR MORE DETAILS AND FAQS.

* * * * * * * * * * CHECKING ACCOUNT SUMMARY * * * * * * * * *

Checking Account Summary

PREVIOUS BALANCE

5 CREDITS

5 DEBITS

SERVICE CHARGES

INTEREST PAID ENDING BALANCE

AVERAGE BAI ANCE

YTD INTEREST PAID

* * * * * * * * CHECKING ACCOUNT TRANSACTIONS * * * * * * * *

 Deposits and Other Credits Amount Description

Description



Other Debits

Amount

Description

Date

Date

Amount

Description

6,911.22

PAYROLL

PAYCHEX INC.

018131009527666CCD

PAYCHEX INC. 018145002209934CCD

Balance By Date

Date

Balance

Date

Balance



Received

JUN 18 2018

An After-the-Fact Distribution of Efffort Form must be completed by each employee working on DCFS projects funded in whole or in part from external sources. Economic Stability

Name: Allison Davis

Month/Year:

Provide a breakdown of your responsibilities for this month. Keep in mind:

- 1. 100% of effort is an employee's total hours actually spent on work within the scope of his or her employment regardless of the percent FTE listed on the appointment.
- 2. The combined % of time on major work performed for a project must equal must equal the Total % of time on Project.
- 3. The combined total effort on all projects reported must equal 100%.

| Sponsored Project: | LA Alliance For Life |
|------------------------------------|----------------------|
| List Major Work Performed | % of Time |
| Client data entry | |
| Taught individual prenatal classes | 155 |
| | |
| | |
| | Total % of Time |
| | on Project: 100% |
| Sponsored Project: | |
| ist Major Work Performed | % of Time |
| | |
| | |
| | |
| | Total % of Time |
| | on Project: |
| ponsored Project: | |
| ist Major Work Performed | % of Time |
| | 70 of famo |
| | |
| | |
| | Total % of Time |
| | on Project: |
| | 6/11/2018 |
| Ourbara Homa | Date 6/11/2018 |
| pproval Signature | |



An After-the-Fact Distribution of Efffort Form must be completed by each employee working on projects funded in whole or in part from external sources.

| Name: Michael Ferris | Month/Year: | MAY 2018 | |
|--|--|-----------------------------|----------------|
| Provide a breakdown of your responsibilities for 1. 100% of effort is an employee's total hours of employment regardless of the percent FTE lister. 2. The combined % of time on major work performs. | actually spent on work and on the appointmen | within the scope of I
t. | |
| of time on Project.
3. The combined total effort on all projects rep | | | ii ine iolal % |
| Sponsored Project: | Louisio | ana Alliance For Life | |
| ist Major Work Performed | | | % of Time |
| Collect, Review and Approve Subcontractor R | | | 40% |
| ielding and Answering Calls and emails from | Subcontractors | | 25% |
| Creating and updating forms and files | | | 25% |
| Creating new forms | | | 10% |
| | | Total % of Time on Project: | 100% |
| iponsored Project: | Louisiana Alli | iance For Life - conti | nued |
| ist Major Work Performed | | <u>-</u> | % of Time |
| | | | |
| | | | |
| | | | |
| | | | |
| | | Total % of Time | · |
| | | on Project: | 100% |
| ponsored Project: | | Ð | |
| ist Major Work Performed | | | % of Time |
| | | | |
| | | | |
| | | | |
| | | | |
| | 94
13 | Total % of Time on Project: | |
| halovee Signature | | 6 8 8 | • |
| Mulusa Florm Approval Signature | | 6/8/18
Date | |



An After-the-Fact Distribution of Efffort Form must be completed by each employee working on projects funded in whole or in part from external sources.

| Name: Patricia Brown | n part from external sources. Month/Year: May-18 | |
|--|---|-------------|
| Provide a breakdown of your responsibilities for thin 1. 100% of effort is an employee's total hours actual employment regardless of the percent FTE listed on 2. The combined % of time on major work perform % of time on Project. 3. The combined total effort on all projects reported. | ally spent on work within the scope o
n the appointment.
ed for a project must equal must equ | |
| Sponsored Project: | Louisiana Alliance For Life | |
| List Major Work Performed | | % of Time |
| Data Entry - Enter client data into database; Prepo | are and submit monthly reports | 309 |
| Receptionist Duties - Answer phone and schedule | appointments | 309 |
| Counseling - Give pregnancy test and referrels base | sed on need, complete TANF paperv | /4 309 |
| Community Outreach | | 109 |
| · | Total % of Time | 1009 |
| | on Project: | |
| List Major Work Performed | Total % of Time | % of Time |
| Sponsored Project: | on Project: | • |
| List Major Work Performed | 90 F | I |
| | | % of Time |
| | | <u> </u> |
| | | |
| | | |
| | | |
| | Total % of Time on Project: | |
| Employee Signature Approval Signature | 6/11/18 Date | × |



An After-the-Fact Distribution of Efffort Form must be completed by each employee working on projects funded in whole or in part from external sources.

Name: Shirley Walker

| Name: Shirley Walker | Month/Year: _ | May-18 | |
|--|---------------------------------------|--------------------------------|--------------|
| Provide a breakdown of your responsibilities for this 1. 100% of effort is an employee's total hours actual employment regardless of the percent FTE listed or | illy spent on wo | rk within the scope of | his or her |
| 2. The combined % of time on major work performe % of time on Project. | ed for a project | must equal must equ | al the Total |
| 3. The combined total effort on all projects reported | d must equal 10 | 0%. | |
| Sponsored Project: | | | |
| List Major Work Performed | 77 | | % of Time |
| Counseling: Consult w/ clients, give pregnancy test | s & complete T | ANF paperwork | 70% |
| Coordinate client services such as scheduling, refer | ral information, | chart preparation. | 15% |
| answering phones, etc | · · · · · · · · · · · · · · · · · · · | <u> </u> | 1 |
| Supervise front office, train counselors and voluntee | ers; Assist counse | elors w/ questions | 10% |
| | | Total % of Time | |
| | | on Project: | |
| Sponsored Project: | | _ | |
| List Major Work Performed | | | % of Time |
| regarding client services, paperwork, etc ; Assist w | ith Quarterly mo | ilout | |
| Keep track of supplies needed for client services su | ch as pregnanc | y tests, cups & charts | 5% |
| | | | |
| | | | |
| | | Total % of Time | |
| | | on Project: | 100% |
| Sponsored Project: | _ | | |
| List Major Work Performed | | | % of Time |
| | | ži. | |
| | - | | |
| | | | |
| | | | |
| | | Total % of Time
on Project: | • |
| Shir ley bulker Employee Signature Approval Signature | | 6/1/18
Date
Date | |



| projects funded in whole | n must be completed
e or in nort from exto | by each employee w | orking on |
|--|--|--|-----------|
| Name: Barbara Thomas | Month/Year: | May-18 | |
| Provide a breakdown of your responsibilities 1. 100% of effort is an employee's total hours employment regardless of the percent FTE li 2. The combined % of time on major work per Total % of time on Project. 3. The combined total effort on all projects re | s actually spent on w
sted on the appointn
erformed for a projec | ork within the scope on
ment.
ct must equal must equ | |
| Sponsored Project: Work Performed | | ife - Project Directo - 9 | % of Time |
| Develop/Maintain relationships with Partner | Pregnancy Centers | | 30% |
| Supervise program operations for the Wome | n's Help Center | | 15% |
| Counsel Women at the Women's Help Cente | er (Emergency situat | ions only) | 0% |
| Compliance: Oversee compliance for all su | bcontractors | | 20% |
| Comopliance Visits & Training | | | 0% |
| Worked close with Program Evaluator to imp | lement evaluation p | an T | 5% |
| Review and approve timesheets, employee | absences, etc. | | 5% |
| Review and approve financial transactions, i.e., | vendor and subcontrac | ctor payments, etc. | 5% |
| Primary spokeperson and media representat | ive for LA Alliance for | r Life (LAL) | 5% |
| Staff Meetings | | | 5% |
| Total % of Time on Project: | | | 90% |
| Sponsored Project: Work Performed | Family Values Re | esource institute, inc. % | of Time |
| Attending Board Planning Meetings | 8 | | |
| Staff/Meeting Training | | | |
| Fundraising Planning | | | |
| | | | |
| Total % of Time on Project: | | | 10% |
| Darhara Hhomas | | 5/31/18 | |
| mpleyee Standthe // | 9 | Date / / 8 | |
| Approval Signature: Gail Hollins, FVRI Board V | ice President | / /
Date | |



Month/Year: <u>5/1/2018</u>

An After-the-Fact Distribution of Efffort Form must be completed by each employee working on projects funded in whole or in part from external sources. Name: Talisha Davis

| Provide a breakdown of your responsibilities for this month. Keep in mind: 1. 100% of effort is an employee's total hours actually spent on work within the scope of employment regardless of the percent FTE listed on the appointment. | |
|--|---------------|
| 2. The combined % of time on major work performed for a project must equal must eq% of time on Project.3. The combined total effort on all projects reported must equal 100%. | ual the Total |
| Sponsored Project: LA Alliance For Life | este |
| List Major Work Performed | % of Time |
| Programmatic Contract Review & other meetings, confernce calls for new grant period | d 40 |
| Communication w/ Sub-Contractors- questions & expectations & compliance | 30 |
| | |
| Total % of Tim | |
| on Project: | 70 |
| Sponsored Project: Family Values Resource Instit | ute |
| List Major Work Performed | % of Time |
| Counseling Clients - Pregnancy Testing & providing referrals as needed | • 10 |
| Prepare and assemble FOL Mailing | 10 |
| Assist with grant preparation | 10 |
| Total % of Time
on Project: | 30 |
| Sponsored Project: | |
| List Major Work Performed | % of Time |
| | 78 OI IIIIIE |
| | |
| | |
| Total % of Time on Project: | |
| Salisha G. Dans Employee Signature Color of the Date Color of the D | |

PAYROLL JOURNAL

| ŝ |
|-----------|
| Institute |
| Resource |
| Values F |
| Family |
| 0060-T846 |
| 900 |

| EMPLOYEE NAME | HOURS, EARNIN | tGS, REI | MBURSEM | hours, earnings, reimbursements a other payments | AYMENTS | WITHHOLDINGS | 89 | DEDUCTIONS | | NET PAY | |
|---|----------------------------|----------|---------|--|---------------------------|----------------------------|---------------------------------|---------------------|---|--------------------------------|--|
| 9 | DESCRIPTION | RATE | HOURS | EARNINGS | REIMB & OTHER
PAYMENTS | | | | | ALLOCATIONS | 8
2 |
| | : :: | | | | 4***** | | ******** | | *************************************** | | •••••• |
| Brown, Patricia A | LAL Hours | | ****** | 1,041,06 | ****** | Social Security | 35 | 6458 STD Post-Tax | 3672 | | |
| apole. | ī | | ••••• | •••• | ******* | Medicare
Fed Income Tax | 7.5 | | | Check Amt
Chkg 0017 | 820.44
44 |
| 石なか | i- | | | 0400044 | •••••• | LA Income Tax | 8 | | | | |
| | EMPLOYEE TOTAL | ₹Q. | | 1,041,68 | | | 18450 | ;
; | 3672 | | 820.44 |
| 37 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | LAL Hours | | | 1,041,86 | | Social Security Medicare | 4
2
2
2
2
2
2 | 6458 STD Post-18X | 9 | Unect Deposit # 6828 Check Amt | |
| - Common | | | ., | | ••••• | LA Income Tax | 98 | | ••••• | Chkg 3799 | 910 <u>.</u> 00 |
| अरक्वारिक | EMPLOYEE TOTAL | DTAL | | 1,041,68 | | | 105,69 | | 25,97 | 25,97 Net Pay | 910,00 |
| Davis, Talisha | Fvi | | •••• | 437,50 | | Social Security | 8 8 | STD Post-Tax | 80.50 | | |
| Condiane | LAL Hours | | ••••• | DZO,L | ***** | Medicare
Fed Income Tax | 62.13 | | | Chka 0014 | 1.152.35 |
| | | | | ••••• | ****** | LA Income Tax | 8 | | | | |
| Conducator | EMPLOYEE TOTAL | OTAL | | 1 458:33 | ****** | | 206.69 | | 88.29 | 98239 Net Pay | 1,152.35 |
| Ferris, Michael A | Făi | | | 291,87 | | Social Security | 8
14 | | - | Direct Deposit # 6830 | 1 |
| £ 2000 | LAL Hours | | | 1,166,67 | | Medicare | 24 | | | Check Amt | 000 |
| なること | | | | ••••• | 4.6 | Fed Income Tax | 101.38 | | | Chkg 1002 | 1,197.41 |
| A Land Control | ٦ | | | | ***** | Y | } | | 301 | 83 | ***** |
| | EMPLOYEE TOTAL | OTA! | | 1,45834 | | | 280:83 | | - | Net Pay | 1,197,41 |
| | | | | | | Social Security Medican | | | | Direct Deposit # 6831 | - |
| | | | | | **** | Fed Income Tax | 33 | | | Chkg 5358 | |
| | | | ***** | | ••••• | LA Income Tax | | | ••••• | • | |
| AND THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER. | EMPLOYEE T | TOTAL | | | | | | | | Net Pay | |
| Thomas, Barbara J | | | <u></u> | 20834 | | Social Security | 128.16 | 128(16 STD Post-Tax | 48:00 | Direct Deposit # 6832 | 1 |
| 7369 | LAL TOURS | | | 000 | ****** | Fed Income Tax | 25.63
25.63
26.63 | | | Chkg 0016 | 0.50
1.652.84 |
| | | ***** | 9 | ••••• | ••••• | LA Income Tax | 0089 | | | • | ***** |
| 1000 A | EMPLOYEE T | TOTAL | | 2,083,34 | ••••• | | 383,00 | | 48,00 | 48,00 Net Pay | 1,652,34 |
| Walker, Shirley | LAL Hours | | | 1,041,66 | | Social Security | | STD Post-Tax | 13:02 | Direct Deposit # 6833 | |
| 120 Lent 5/1050 | | | ***** | ••••• | ****** | Medicare
Fed Income Tex | \$ 5
5
5
7 | | ***** | Check Amt | 8.6
6.6
6.6
6.6
6.6
6.6
6.6
6.6
6.6
6.6 |
| < | | | ••••• | ***** | •••••• | LA Income Tax | 2700 | | | | ļ |
| Concended | EMPLOYEE | TOTAL | | 1.041;68 | ••••• | 2 | 208 | | 302 | Net Pav | 822.9 4 |
| 100 STAFF BLWEEKLY T | DTALS | | | | | | | | - | Value of the second | _ |
| 7 Person(s) | | , | 28 | 1,341,34 | ****** | Social Security | 12887 | STD Post-Tax | 223 | Tag | 000 |
| / Iransaction(s) | LAL Hours | | ••••• | 7,187,48 | ****** | Medicare | 8 | | ****** | Dir Dep | 5,911.22 |
| | | - | | | | _ | - | | | |
 |
| PUREU UVEULTISHS FAMILY VAILES HESOURS INSTILTE INC. Run Date 05/09/18 12:47 PM | Jes Mesource Institute Inc | | | Period Start - End Date | | 05/01/18 - 05/15/18 | | | | <u>.</u> | Payroll Journal
Page 1 of 2 |
| | | | | Check Date | | 5/18 | | | | | PYRJAN |

05/01/18 - 05/15/18 05/15/18

Period Start - End Date Check Date

PAYROLL JOURNAL

0060 0060-T846 Family Values Resource Institute Inc

0,00 8,557.79 8,557,79 6,911,22 ALLOCATIONS 20,10 Direct Deposit # 505 **NET PAY** Check Amt Chkg 0010 Chkg 8302 20:10 Check Amt 223:00 Dir Dep 20 10 Check Amt Dir Dep Net Pay Net Pay 20;10 Net Pay 20,10 Net Pay 888 243,10 DEDUCTIONS 528;77 Deduction 123;68 STD Poet-Tax 507;15 236;00 Deduction Deduction 65246 2047:06 528.73 123.67 507,15 862'46 2,047'06 528.79 123.67 WITHHOLDINGS Employer Liabilities **Employer Liabilities** TOTAL EMPLOYER LIABILITY
TOTAL TAX LIABILITY TOTAL EMPLOYER LIABILITY
TOTAL TAX LIABILITY Social Security
Medicare
1,666.67 Fed income Tax
LA Income Tax Social Security Medicare Social Security Medicare Fed Income Tax LA Income Tax 361,86 1,666,67 1,666,67 1,666.67 1,666,67 REIMB & OTHER **PAYMENTS** Hours, Earnings, Reimbursements & Other Payments 1,341;34 7,187;48 8,528;82 8,528;82 EARNINGS 2,00 2.8 8 HOURS EMPLOYEE TÖTAL RATE 300 1099 TOTAL COMPANY TOTAL 100 STAFF BI-WEEKLY TOTAL Fvri LAL Hours 1099 Misc Comp DESCRIPTION 1099 Misc Comp 1099 Misc Comp 1099 Misc Comp **** 300 1099 Isaac, Latosha S (IC) COMPANY TOTALS 300 1099 TOTALS EMPLOYEE NAME 1 Person(s) 1 Transaction(s) 8 Person(s) 8 Transaction(s)

0.00 1,556.57 90.00

1,646.57

0.00 1,646.57

1,646,57

05/01/18 - 05/15/18 05/15/18

Period Start - End Date Check Date

0066 0060-T846 Family Values Resource Institute Inc Run Data 65/09/18 12:47 PM

(IC) = Independent Contractor

Payroll Journal Page 2 of 2 PYRJRN

PAYROLL JOURNAL

0060 0060-T846 Family Values Resource Institute Inc

| EMPLOYEE NAME | HOURS, EARNINGS, REIMBURSEMENT | REIMBURSEM | ENTS & OTHER PAYMENTS | PAYMENTS | WITHHOLDINGS | DEDUCTIONS | _ | NET PAY | |
|---|---------------------------------|---|-----------------------|---------------------------|--|-------------------------------|---------------------------|---|----|
| 9 | DESCRIPTION RATE | HOURS | EARNINGS | REIMB & OTHER
PAYMENTS | | | T | ALLOCATIONS | |
| 100 | 100 STAFF BI-WEEKLY TOTAL | <u>\$</u> | 8,394,24 | | 1,371,10 | | 223,00 Net Pay | 6,800:14 | _ |
| | | **** | | | Employer Liabilities | | | | |
| | | | | | Social Security 520 44
Medicare 12171 | | | | |
| | | ******** | | TOTAL EINPL | TOTAL EMPLOYER LIABILITY 64216 | | ******** | ****** | |
| **** 300 1099
Isaac, Latosha S (IC) | 1099 Misc Comp | | | 36181 | | Deduction | 2010 Direct Denosit # 513 | osit # 513 | 1 |
| 36 | 1099 Misc Comp | *************************************** | ********* | 1,304,86 | *************************************** | | Check Amt
Chkg 0010 | w.Ž | |
| | EMPLOYEE TOTAL | ****** | ***************** | 1.666.67 | | | Chkg 8302 | 90.00 | |
| 300 1099 TOTALS | | | | | | | 101 | 2 | 1 |
| 1 Person(s)
1 Transaction(s) | 1099 Misc Comp | ****** | | 1,666.67 | *********** | Deduction | 20 10 Check Amt | t 0.00
1,646.57 | _ |
| | 300 1099 TOTAL | | | 1,686,67 | *************************************** | | 20,10 Net Pay | 1,646.57 | _ |
| COMPANY TOTALS | | | | 1 30 | | | | | I |
| 8 Person(s) | F. | 14.00 | 1,206,73 | | cuntry | | 20 10 Check Amt | 8
6 | |
| o nansacaon(s) | LAL Hours
1099 Misc Comp | | 7,187,54 | 1,666,67 | 1,666; 67 Fed Income Tax 496;96 | 121:70 STD Post-Tax 22 496:96 | 2300 Dir Dep | | |
| | | | | | | | ************************ | | |
| | COMPANY TOTAL | 9 | 8,394,24 | 1,666.67 | 1,37,10 | | 243:10 Net Pay | 8,446,71 | |
| | | ******* | ******* | | Employer Liabilities | | ******** | *************************************** | |
| | | ********** | ********** | | Social Security 520,44 Medicare 121,71 | | | ********** | |
| | ********* | | *********** | TOTAL EMPLOYER LIABILITY | c | | 16 | ****** | |
| (IC) = Independent Contractor | | | | | | | | | 1 |
| | | ••••• | ••••• | | | | | ******* | |
| | •••••• | | | ******** | | | ******** | ******** | |
| | | *********** | | | | | | | |
| I
0060 0060-T646 Family Values Resource Institute Inc
Run Date 05/25/18 10:53 AM | : : I
Resource Institute Inc | - | - Period Start | | | | _ | Payroll Journal | ਜ਼ |
| | | | Check Date | | 05/06/10 - 05/01/10 | | | F898 Z OI | N |

Period Start - End Date 05/16/18 - 05/31/18 Check Date 05/30/18

LIVCC Fringe: Workers Corps 1 of 4 P.O. Box 919142 Dallas, TX 75391-9142

Policyholder:

Invoice Number: 5387224
Policy Number: 106385-B
Invoice Date: 05/29/18

PAMILY VALUE RESOURCE INSTITUTE INC

P.O. BOX 74403 Baton Rouge, LA 70874

Balance: 867.45

ber : 106385

ance: 867.45

05/29/18

530 • 43

| Trans | | Previous Cur.C | harges/ | |
|----------|--|--|----------|---------------------|
| Date | Description of Transactions Previous Balance | Balance
1,445.75 | Payments | Balance
1,445.75 |
| 05/29/18 | Policy Period:05/26/18 to 05/26/
Installment#2 | 19 | 867.45 | |
| 03,23,10 | Policy Period Total | | 867.45 | 867.45 |
| 05/24/18 | Cash Receipt | I have a second and the second | (5.75) | (1,445.75) |
| | | FECA 0. | | 867.45 |
| | 3,750.00 +
2,333.34 +
2,041.66 +
2,083.33 + | 286.88
178.50
156.19
159.37
159.37
159.37
1,099.68 | | |
| TÌ | 2,083,33 +
2,083,33 +
14,374,99 * | 138•38—+
86•10— *
75•34—+ | | |
| | te policy i | 76•87 + | LWCC. | |
| * 8 W # | | 76•87 1
76•87 1 | | |
| | | 530•43 * | | |
| FAMI | LY VALUE RESOURCE INSTITUTE II | 0• 0 | umber: 5 | 387224 |

Post Office Box 919142 Dallas, TX 75391-9142

LWCC

Page: 2 of 4

Policy Installment Information

| Policy Number | | | Installment E | Jan Sense | "控制是不是一个 |
|---------------|----------------------------------|--------------------|-------------------|-------------|--|
| 106385 | COL MANUAL PROPERTY AND ADDRESS. | | 6 Installment | S | and the same of th |
| | | iding adjustments) | Talon ST Smooth B | Involee Dar | Aurount |
| Installment# | Invoice Da
06/26/18 | e Amount 867.45 | 5 | 08/26/18 | 867.45 |
| . 4 | 07/26/18 | 867.45 | 6 | 09/26/18 | 867.45 |

SERVICE INFORMATION

For billing questions call: TYNER JETER INSURANCE AGENCY L at (225)227-2800 or call LWCC at 800-519-7787. You can also visit our website at www.lwcc.com.

For certificates of insurance, policy changes, or coverage questions call your agent: (225)227-2800.

Report claims IMMEDIATELY to 800-267-2410.

PAYMENT INFORMATION

Mail Payment to:

Louisiana Workers' Compensation Corporation

P.O. Box 919142

Dallas, TX 75391-9142

To Pay By Phone:

Call (800)519-7787, Press "1" between 8:00 AM and

5:00 PM Monday - Friday

To Pay Online:

www.lwcc.com For online payments, our Interactive Web

site (https://interactive.lwcc.com) has EFT

(electronic funds transfer) capabilities that allow

you to pay at your convenience 24 hours a day 7 days a week. Visit us online and become a

registered user today!

BILLING INFORMATION

Balance :

Total amount due after applying all payments, credits, or

additional charges received by our billing system

since last billing.

Late Fee:

A service fee of 1% or \$25, whichever is greater, will be

applied for all payments not received by the due date.

Non-Sufficient Funds: A service fee of \$25 will be applied for all returned checks.

Invoice Date:

The date the invoice was created.

Previous Balance Due: Reflects the amount previously billed.

HELP US TO SERVE YOU BETTER

Please remember to include the bottom portion of this statement with your payment. This will assist us in properly crediting your policy.

Please allow at least five days before your due date for delivery of payment. Additionally, please assist us by indicating your policy number on your check payable to LWCC, using the return envelope provided for your convenience.



Invoice
Page: 4 of 4

Workers' Comp Insurance Charge (LWCC) - Breakout

| | | | | Monthly
Salary | | |
|---------------------------------|----------------|----------|----------|-------------------|-----------|----------|
| | | Total | % to | Contract | Comp Rate | Bill To |
| Position/Title | Employee Name | Salary | Contract | Amount | | Grant |
| Project Director | Barbara Thomas | 4,166.67 | %06 | 3,750.00 | 3.69% | 138.38 |
| Project Administrator | Michael Ferris | 2,916.66 | 80% | 2,333.33 | 3.69% | 86.10 |
| Compliance Coordinator | Talisha Davis | 2,916.66 | 70% | 2,041.66 | | 75.34 |
| Education Specialist | | 2,083.33 | | 2,083.33 | 3.69% | 76.87 |
| Data Enrty/Care Provider | c | 2,083.33 | 100% | 2,083.33 | 3.69% | 76.87 |
| Client Svcs Coord/Care Provider | Shirley Walker | 2,083.33 | 100% | 2,083.33 | 3.69% | 76.87 |
| | | | | | | £ 530 44 |

"WALK-IN" MONEY RECEIVED

| Today's Date: 6/13/18 Time Received: |
|--|
| Policy Number: 106385 |
| Policy Name: Jamely Value Resource Institute Inc. |
| Amount Received: \$ \(\frac{\psi_1 \dagger 42}{\psi} \) |
| Cash Check Check/Money Order Numbers 17/12 |
| Policyholder Signature (or person that delivered money): |
| Comment(s), if any: |
| |
| FOR LWCC USE ONLY |
| Please do the following once the receipt has been given to the policyholder: |
| Attach money received to this form Get in touch with Accounting to pick up form and check/cash - call in the order listed below until someone is contacted Check off the person that you contacted for pick-up in the box next to the person's extension number If cash is received, count the money in front of Accounting and have them initial below to verify cash has been counted |
| Tamika Bennett #2533 |
| |



Transactions Details

Posting Date

06/14/2018

Transaction Date

06/14/2018

Description

DDA CHECK 0000001627

Transaction Type

Debit

T/C

0077

Amount

\$867.45

Balance

Front

Back



FAMILY VALUES RESOURCE INSTITUTE INC. DBA LOUISIANA ALLIANCE FOR LIFE PO BOX 74403 PH. 225-369-8001 BATON ROUGE, LA 70874-4403

6/13/2018

OBDER OF

LWCC

\$ ~867.45

Eight Hundred Sixty-Seven and 45/100*

DOLLARS 🗓

1627

LWCC

P.O. Box 61005

New Orleans, LA 70161-1005

MEMO

Policy # 106385-B

#QQ1627# #Q6540Q153#

/0000086745/



Transactions Details

Posting Date

06/14/2018

Transaction Date

06/14/2018

Description

DDA CHECK 0000001627

Transaction Type

Debit

T/C

0077

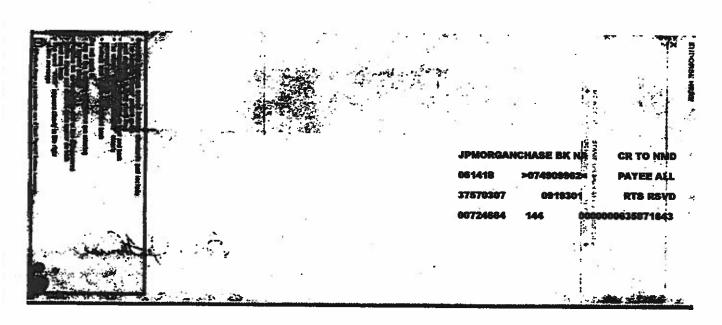
Amount

\$867.45

Balance

Front

Back



0060 0060-T846 Family Values Resource Institute Inc 0060 Run Date 05/25/18 10:53 AM

Fringe - 941 Tax Pmt.
Check Number:

GRETNA LA 70056 PAYCHEX, INC. 401 WHITNEY AVENUE SUITE 200 (844) 729-9247

Soc Sec and Med and Federal Withholding Tax

Non-mandated: Initiate a 941 payment for the specified quarter at www.eftps.gov at least one banking day before the due date. EFTPS Mandated: Initiate new 941 EFT deposit for the specified quarter at least one banking day before the due

Employer Medicare Employee Medicare Employer Social Security Federal Withholding Employee Social Security

Deposit Period:
Amount Due:
Due Date:

05/01/18 - 05/31/18 \$3,593.31 06/15/18

1,049.23

245.38

1,049.21

245.38

0060-0060T846-002-145-1153

Last Check Date: 05/30/18

Federal ID:

72-1415039

0060-T846

IRS

FAMILY VALUES RESOURCE INSTITUTE INC INSTITUTE INC PO BOX 74403 BATON ROUGE LA 70874-4403



0060-0060T846-002-145-1153

MPORTANT REMINDERS

You are scheduled to report your next payroll on Wed 06/13/18.

:

- In compliance with the Federal Depository rules, your federal deposit frequency is Monthly. Please verify with your deposit frequency information notice from the IRS. If the frequency is different, notify your Payroll Specialist immediately.
- ‡ Payments made by EFT must be initiated one day prior to the due date

rge: 941 Tax Payment TAXPAYER NAME: FAMILY VALUES RESOURCE INSTITUTE

Deposit Confirmation

Your payment has been accepted.

Payment Successful

An EFT Acknowledgement Number has been provided for this payment. Please keep this number for your records.

REMINDER: REMEMBER TO FILE ALL RETURNS WHEN DUE!

| EFT ACKNOWLEDGEMENT NUMBER: | | 2708566 64216817 |
|-----------------------------|----------|-------------------------|
| | <u> </u> | |
| | | |

PLEASE NOTE

Any amounts represented in the subcategories of Social Security, Medicare, and Income Tax Withholding are for informational purposes only.

| Payment Information | Entered Data |
|----------------------------|---------------------------|
| Taxpayer EIN | xxxxx5039 |
| Tax Form | 941 Employers Federal Tax |
| Тах Туре | Federal Tax Deposit |
| Tax Period | Q2/2018 |
| Payment Amount | \$3,593.31 |
| Settlement Date | 06/15/2018 |
| Subcategories: | |
| 1 Social Security | \$2,098.44 |
| 2 Medicare | \$490.76 |
| 3 Tax Withholding | \$1,004.11 |
| Account Number | xxxx0000 |
| Account Type | CHECKING |
| Routing Number | 065400153 |
| Bank Name | HANCOCK WHITNEY BANK |

W HANCOCK WHITNEY

Transactions Details

| Posting Date | 06/15/2018 |
|------------------|------------|
| Transaction Date | 06/15/2018 |
| Description | IRS |
| Transaction Type | Debit |
| Amount | \$3,593.31 |
| Balance | |

FAMILY VALUES RESOURCE INSTITUTE INC INSTITUTEINC PO BOX 77403 BATON ROUGE LA 70874

Payrolls by Paychex, Inc.

0060-T846 ORG1:100 Staff Bi-w eekly

EE ID: 11

DD

BARBARA J THOMAS 7081 MODESTO AVE **BATON ROUGE LA 70811**

NON-MEGOTIABLE

| | | | | | | Stu | 101 |
|--|--------------|---|---------------|------|------------------|-----------|----------|
| PERSONAL AND CHECK INFORMATION
Barbara J Thomas | EARNINGS | DESCRIPTION | HRS/UNITS | RATE | THIS PERIOD (\$) | YTD HOURS | YTD (\$) |
| 7081 Modesto Ave | | Fvri | | | 208.34 | | 1875.06 |
| Baton Rouge, LA 70811 | 1 | LAL Hours | | | 1875.00 | | 16875.00 |
| Soc Sec #: xxx-xx-xxxx Employee ID: 11 | | Total Hours | | | | | |
| Home Department: 100 Staff Bi-weekly | - 0 | Gross Earnings
Total Hrs Worked | | | 2083.34 | | 18750.06 |
| Pay Period: 05/01/18 to 05/15/18 | WITHHOLDINGS | | FILING STATUS | | THIS PERIOD (\$) | | YTD (\$) |
| Check Date: 05/15/18 | | Social Security | | | 129.16 | | 1162.50 |
| NET PAY ALLOCATIONS | | Medicare | | | 30.21 | | 271.88 |
| NET I AT RESOURT TO THE | | | М1 | | 155.63 | | 1439.31 |
| DESCRIPTION THIS PERIOD (\$) YTD (\$) | | | S 0 1 | | 68.00 | | 600.00 |
| Check Amount 0.00 0.00 | | | | | - | | |
| Chkg 0016 <u>1652.34</u> <u>14844.37</u> | | TOTAL | | | 383.00 | | 3473.69 |
| NET PAY 1652.34 14844.37 | DEDUCTIONS | DESCRIPTION | i) | | THIS PERIOD (\$) | | YTD (\$) |
| | | STD Post-Tax | | | 48.00 | | 432.00 |
| Salaru | | TOTAL | | | 48.00 | | 432.00 |
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| 4166.60 | | • | | | | | |
| Stub 1 2083.34
Stub 2 2083.34
4166.68 | | | _ | | | | |
| 4006 | | 4 00 | 66 | | | | |
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| × 10 | | · ONOU | .00 | | | | |
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| 1000 | | | | • | | | |
| \$3.750.00 | • | | | | | | |
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| 2011 | | | 0.30 | | | 159 | |
| M_{A} | NET PAY | William . | | | THIS PERIOD (\$) | 3 36.55 | YTD (\$) |
| y ant. | METAI | | | | 1652.34 | | 14844.37 |
| ייש וואט () | | | | | | | |

BARBARA J THOMAS 7081 MODESTO AVE **BATON ROUGE LA 70811** roject Director
anon-megania

THIS PERIOD (\$)

1652.34

YTD (\$)

16496.71

NON-NEGOTIABLE

| | | | | | | | YUD | 2 |
|-------------------------------|-----------------------------------|-----------------------------|--------------|--------------------------------|--------------------------|-----------------------|-----------|----------|
| PERSONAL AND Barbara J Thomas | CHECK INFORMATIO | N | EARNINGS | DESCRIPTION | HRS/UNITS | RATE THIS PERIOD (\$) | YTD HOURS | YTD (\$) |
| 7081 Modesto Ave | | | | Fvri | | 208.34 | | 2083.40 |
| Baton Rouge, LA 7 | | | | LAL Hours | | <u>1875.00</u> | | 18750.00 |
| Soc Sec #: xxx-xx- | xxxx Employee ID: 1 | 11 | | Total Hours | | | | |
| Home Department | : 100 Staff Bi-weekly | | | Gross Earnings Total Hrs Worke | | 2083.34 | | 20833.40 |
| Pay Period: 05/16/ | | | WITHHOLDINGS | DESCRIPTION | FILING STATUS | THIS PERIOD (\$) | | YTD (\$) |
| Check Date: 05/30 | | | | Social Security | | 129.17 | | 1291.67 |
| NET PAY ALLOCA | RTIONS | | | Medicare | | 30.20 | | 302.08 |
| DECCRIPTION | THO OCCION (6) | 1.CTD (4) | | Fed Income Tax | M 1 | 155.63 | | 1594.94 |
| DESCRIPTION Check Amount | THIS PERIOD (\$)
0.00 | YTD (\$)
0.00 | | LA Income Tax | S01 | 68.00 | | 668.00 |
| Chkg 0016
NET PAY | <u>1652.34</u>
1 652.34 | <u>16496.71</u>
16496.71 | | TOTAL | | 383.00 | | 3856.69 |
| NEI PAI | 1002.34 | 10480.71 | DEDUCTIONS | DESCRIPTION | | THIS PERIOD (\$) | | YTD (\$) |
| | | | | STD Post-Tax | | 48.00 | | 480.00 |
| | | | | TOTAL | | 48.00 | | 480.00 |
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NET PAY

FAMILY VALUES RESOURCE INSTITUTE INC INSTITUTEINC PO BOX 77403 BATON ROUGE LA 70874

Payrolls by Paychex, Inc.

0060-T846 ORG1:100 Staff Bi-w eekty

EE ID: 5

MICHAEL A FERRIS 17714 NINE OAKS AVE **BATON ROUGE LA 70817**

NON-NEGOTIABLE

Stubl

| Michael A Ferris | | ON |
|--------------------|------------------------|----------|
| 17714 Nine Oaks A | lve | |
| Baton Rouge, LA | | |
| Soc Sec #: xxx-xx- | | 5 |
| Home Departmen | t: 100 Staff Bi-weekly | |
| Pay Period: 05/01 | /18 to 05/15/18 | |
| Check Date: 05/1 | 5/18 Check #: 6830 | |
| NET PAY ALLOC | ATIONS | |
| DESCRIPTION | THIS PERIOD (\$) | YTD (\$) |
| Check Amount | 0.00 | 0.00 |
| Chkg 1002 | <u>1197.41</u> | 10760.13 |
| NET PAY | 1197.41 | 10760.13 |

| | | | | |
_ |
|--------------|-----------------|---------------|------|------------------|--------------|
| EARNINGS | DESCRIPTION | HRS/UNITS | RATE | THIS PERIOD (\$) |
YTD (\$) |
| | Fvri | | | 291.67 | 2625.03 |
| | LAL Hours | | | 1166.67 | 10500.03 |
| | Total Hours | | | | 10000.00 |
| | Gross Earnings | | | 1458.34 | 13125.06 |
| | Total Hrs Worke | d | | | 10120.00 |
| WITHHOLDINGS | DESCRIPTION | FILING STATUS | | THIS PERIOD (\$) |
YTD (\$) |
| | Social Security | | | 90.41 | 813.75 |
| 999 | Medicare | | | 21.14 | 190.31 |
| - 1 | Fed Income Tax | M 0 | | 101.38 | 936.87 |
| | LA Income Tax | 800 | | 48.00 | 424.00 |
| | TOTAL | | | 260.93 | 2364.93 |

Stub 1 1458.34 Stub 2 1458-34 2916.68

| Fringe: |
|----------|
| 2333.34 |
| \$178.50 |
| grant |

NET PAY THIS PERIOD (\$) YTD (\$) 1197.41 10760.13

Payrolls by Paychex, Inc.

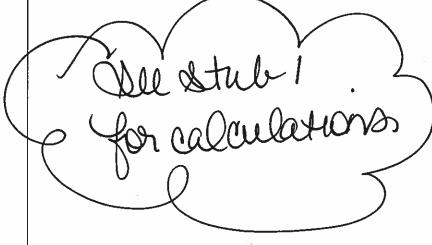
Ahin 2

MICHAEL A FERRIS 17714 NINE OAKS AVE **BATON ROUGE LA 70817** Roject Administrator

NON-NEGOTIABLE

| Michael A Ferris
17714 Nine Oaks A
Baton Rouge, LA 7
Soc Sec #: xxx-xx- | 0817 | N |
|--|--------------------|----------|
| Pay Period: 05/16 | /18 to 05/31/18 | |
| Check Date: 05/30 | 1/18 Check #: 6837 | |
| NET PAY ALLOC | ATIONS | |
| DESCRIPTION | THIS PERIOD (\$) | YTD (\$) |
| Check Amount | 0.00 | 0.00 |
| Chkg 1002 | <u>1197.39</u> | 11957.52 |
| NET PAY | 1197.39 | 11957.52 |
| | | |

| | | | | 7:400 |
|--------------|-----------------------------------|---------------|-----------------------|--------------------|
| EARNINGS | DESCRIPTION | HRS/UNITS | RATE THIS PERIOD (\$) | YTD HOURS YTD (\$) |
| | Fvri | | 291.67 | 2916.70 |
| | LAL Hours Total Hours | | <u>1166.67</u> | <u>11666.70</u> |
| | Gross Earnings
Total Hrs Works | | 1458.34 | 14583.40 |
| WITHHOLDINGS | DESCRIPTION | FILING STATUS | THIS PERIOD (\$) | YTD (\$) |
| | Social Security | | 90.42 | 904.17 |
| | Medicare | | 21.15 | . 211.46 |
| | Fed Income Tax | M 0 | 101.38 | 1038.25 |
| | LA Income Tax | 800 | 48.00 | 472.00 |
| | TOTAL | | 260.95 | 2625.88 |



YTD (\$) **NET PAY** THIS PERIOD (\$) 1197,39 11957.52 Payrolis by Paychex, Inc.

0060-T846 ORG1:100 Staff Bi-w eekly

EE ID: 4

TALISHA DAVIS

BATON ROUGE LA 70814

Compliance Coordinator
70% 3829 NORTH YOSEMITE DRIVE

NON-NEGOTIABLE

Stub 1

| | | | | 914~1 |
|--|--------------|---|-----------------------|-----------------------|
| PERSONAL AND CHECK INFORMATION Talisha Davis | EARNINGS | DESCRIPTION HRS/UNIT | TS RATE THIS PERIOD (| F) YTD HOURS YTD (\$) |
| 3829 North Yosemite Drive | | Fvri | 437.5 | 0 3937.50 |
| Baton Rouge, LA 70814 | | LAL Hours | 1020.8 | 9187.51 |
| Soc Sec #: xxx-xx-xxxx Employee ID: 4 | | Total Hours | | |
| | | Gross Earnings | 1458.3 | 3 13125.01 |
| Home Department: 100 Staff Bi-weekly | | Total Hrs Worked | | <u> </u> |
| | WITHHOLDINGS | DESCRIPTION FILING ST | TATUS THIS PERIOD (\$ | YTD (\$) |
| Pay Period: 05/01/18 to 05/15/18 | | | • | |
| Check Date: 05/15/18 | | Social Security | 90.4 | |
| NET PAY ALLOCATIONS | | Medicare | 21.1 | |
| | | Fed Income Tax M 2 | 63.1 | |
| DESCRIPTION THIS PERIOD (\$) YTD (\$) | | LA income Tax M 0 2 | 32.0 | 0 280.00 |
| Check Amount 0.00 0.00 | | | | - |
| Chkg 0014 <u>1152.35</u> <u>10366.26</u> | | TOTAL | 206.6 | |
| NET PAY 1152.35 10366.26 | DEDUCTIONS | DESCRIPTION | THIS PERIOD (| s) YTD (\$) |
| | | STD Post-Tax | 99.2 | 9 893.61 |
| _ | | • | | |
| 1010101 | | TOTAL | 99.2 | 9 893.61 |
| CAUDURU | | | | |
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| 101-1-11/11/12/33 | l f | 111192 | • | |
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Stub 2 1458.33
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x7.6 | ECK. | |
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| | | | 1152.3 | 10366.26 |
| | | | <u> </u> | I |

Payrolls by Paychex, Inc.

0060-T846 ORG1:100 Staff Bi-w eekty

EE ID: 4

TALISHA DAVIS

3829 NORTH YOSEMITE DRIVE **BATON ROUGE LA 70814**

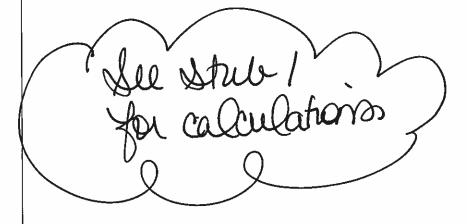
ompliance Coordinator
70%

NOW-NEGOTIABLE

Ctub2

| | CHECK INFORMATIO | N |
|--|-------------------------------|------------------|
| Talisha Davis
3829 North Yosem | ita Driva | |
| Baton Rouge, LA | | |
| Soc Sec #: xxx-xx | | 1 |
| SOC SEC #: XXX-XX | -xxxx Employee ID: 4 | • |
| Home Departmen | nt: 100 Staff Bi-weekly | |
| Pay Period: 05/10 | 8/18 to 05/31/18 | |
| | | |
| Check Date: 05/3 | 10/18 Check #: 6836 | |
| Check Date: 05/3 | | |
| | | YTD (\$) |
| NET PAY ALLO | ATIONS | YTD (\$) |
| NET PAY ALLOC
DESCRIPTION | ATIONS THIS PERIOD (\$) | |
| NET PAY ALLOC
DESCRIPTION
Check Amount | ATIONS THIS PERIOD (\$) 0.00 | 0.00 |
| DESCRIPTION Check Amount Chkg 0014 | THIS PERIOD (\$) 0.00 1152.34 | 0.00
11518.60 |

| | | | | July |
|--------------|------------------|---------------|-----------------------|--------------------|
| EARNINGS | DESCRIPTION | HRS/UNITS | RATE THIS PERIOD (\$) | YTD HOURS YTD (\$) |
| | Fvri | | 437.50 | 4375.00 |
| | LAL Hours | | <u>1020.83</u> | <u>10208.34</u> |
| | Total Hours | | | |
| | Gross Earnings | | 1458.33 | 14583.34 |
| | Total Hrs Worker | <u> </u> | | |
| WITHHOLDINGS | DESCRIPTION | FILING STATUS | THIS PERIOD (\$) | YTD (\$) |
| | Social Security | | 90.42 | 904.17 |
| | Medicare | | 21.15 | 211.46 |
| | Fed Income Tax | M 2 | 63.13 | 644.21 |
| | LA Income Tax | M 0 2 | 32.00 | 312.00 |
| | TOTAL | | 206.70 | 2071.84 |
| DEDUCTIONS | DESCRIPTION | | THIS PERIOD (\$) | YTD (\$) |
| | STD Post-Tax | | 99.29 | 992.90 |
| | TOTAL | | 99.29 | 992.90 |



THIS PERIOD (\$) YTD (\$) **NET PAY** 1152.34 11518.60 FAMILY VALUES RESOURCE INSTITUTE INC INSTITUTE INC PO BOX 77403 BATON ROUGE LA 70874

Payrolls by Paychex, Inc.

0060-T846 ORG1:100 Staff Bi-w eekly

EE ID: 37

ALLISON DAVIS 17232 JEFFERSON HIGHWAY **APT # 417 BATON ROUGE LA 70817**

Education

HOW-NEGOTIABLE

| | | | | Stub / |
|---------------------------------------|--------------|----------------------|--------------------------|--------------------|
| PERSONAL AND CHECK INFORMATION | EARNINGS | DESCRIPTION HRS/UNI | TS RATE THIS PERIOD (\$) | YTD HOURS YTD (\$) |
| Allison Davis | | 6.2 | | 1041.66 |
| 17232 Jefferson Highway
Apt # 417 | | Fvri
LAL Hours | 1041.66 | 8333.32 |
| Baton Rouge, LA 70817 | | Total Hours | 10-71.00 | 3000000 |
| Soc Sec #: xxx-xx-xxx Employee ID: 37 | | Gross Earnings | 1041.66 | 9374.98 |
| | | Total Hrs Worked | <u> </u> | |
| Home Department: 100 Staff Bi-weekly | WITHHOLDINGS | DESCRIPTION FILING S | TATUS THIS PERIOD (\$) | YTD (\$) |
| Pay Period: 05/01/18 to 05/15/18 | | Social Security | 64.58 | 581.25 |
| Check Date: 05/15/18 | | Medicare | 15.11 | 135.94 |
| NET PAY ALLOCATIONS | | LA Income Tax S 2 1 | 26.00 | 230.00 |
| DESCRIPTION THIS PERIOD (\$) YTD (\$) | | TOTAL | 105.69 | 947.19 |
| Check Amount 0.00 0.00 | DEDUCTIONS | DESCRIPTION | THIS PERIOD (\$) | YTD (\$) |
| Chkg 3799 910.00 8194.06 | 52555115115 | 22001117 11011 | • • | • • |
| NET PAY 910.00 8194.06 | | STD Post-Tax | 25.97 | 233.73 |
| | | TOTAL | 25.97 | 233.73 |
| 10 , | | IOIAL | 23.51 | 250.70 |
| CONVI | | • | | |
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| Stub 1041.66 | | 7 . | | |
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| | | | THIS PERIOD (\$) | YTD (\$) |
| | NET PAY | | 910.00 | 8194.06 |
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FAMILY VALUES RESOURCE INSTITUTE INC INSTITUTEINC PO BOX 77403 BATON ROUGE LA 70874

Payrolls by Paychex, Inc.

0060-T846 ORG1:100 Staff Bi-w eekty

ALLISON DAVIS

BATON ROUGE LA 70817

APT #417

EE ID: 37

17232 JEFFERSON HIGHWAY

Education Specia

NON-NEGOTIABLE

| PERSONAL AND
Allison Davis
17232 Jefferson Hig
Apt # 417 | CHECK INFORMATION ghway | 1 |
|---|-------------------------|----------|
| Baton Rouge, LA | 70817 | |
| Sec Sec #: xxx-xx | | , |
| Home Departmen | t: 100 Staff Bi-weekly | |
| Pay Period: 05/16 | 3/18 to 05/31/18 | |
| Check Date: 05/3 | 0/18 Check #: 6835 | |
| NET PAY ALLOC | ATIONS | |
| DESCRIPTION | THIS PERIOD (\$) | YTD (\$) |
| Check Amount | 0.00 | 0.00 |
| Chkg 3799 | 910.02 | 9104.08 |
| NET PAY | 910.02 | 9104.08 |
| | | 6. |

| | | | _ | STUDA |
|--------------|---|---------------|-----------------------|--------------------|
| EARNINGS | DESCRIPTION | HRS/UNITS | RATE THIS PERIOD (\$) | YTD HOURS YTD (\$) |
| | Fvri | | | 1041.66 |
| | LAL Hours | | <u>1041.67</u> | 9374.99 |
| | Total Hours
Gross Earnings
Total Hrs Worker | d | 1041.67 | 10416.65 |
| WITHHOLDINGS | DESCRIPTION | FILING STATUS | THIS PERIOD (\$) | YTD (\$) |
| | Social Security | | 64.58 | 645.83 |
| | Medicare | | 15.10 | 151.04 |
| | LA Income Tax | S 2 1 | 26.00 | 256.00 |
| | TOTAL | | 105.68 | 1052.87 |
| DEDUCTIONS | DESCRIPTION | | THIS PERIOD (\$) | YTD (\$) |
| | STD Post-Tex | | 25.97 | 259.70 |
| | TOTAL | | 25.97 | 259.70 |

le strib

THIS PERIOD (\$) YTD (\$) **NET PAY** 9104.08 910.02

Payrolls by Paychex, Inc.

FAMILY VALUES RESOURCE INSTITUTE INC INSTITUTEINC PO BOX 77403 BATON ROUGE LA 70874

Payrolls by Paychex, Inc.

0060-T846 ORG1:100 Staff Bi-w eekly DD

EE ID: 35

PATRICIA A BROWN 6555 E MONARCH **BATON ROUGE LA 70812**

NON-NEGOTIABLE

| PERSONAL AND CHECK INFORMATION Patricia A Brown 6555 E Monarch Baton Rouge, LA 70812 Soc Sec #: xxx-xx-xxx Employee ID: 35 Home Department: 100 Staff Bi-weekly Pay Period: 05/01/18 to 05/15/18 EARNINGS DESCRIPTION HRS/UNITS RATE 10041-67 100 | 33 ×
6.2 * |
|--|---------------|
| Baton Rouge, LA 70812 Soc Sec #: xox-xx-xxox | 3.17 * |
| Soc Sec #: xxx-xxxx Employee ID: 35 Home Department: 100 Staff Bi-weekly Total Hours Gross Earnings Total Hrs Worked WITHHOLDINGS DESCRIPTION FILING STATUS THIS F COLUMN 12 | 2.1 |
| Home Department: 100 Staff Bi-weekly Gross Earnings Total Hrs Worked WITHHOLDINGS DESCRIPTION FILING STATUS THISE SQ 210 | |
| Home Department: 100 Staff Bi-weekly Total Hrs Worked WITHHOLDINGS DESCRIPTION FILING STATUS THISE SQ 200 | |
| WITHHOLDINGS DESCRIPTION FILING STATUS THISE SOLVEY 210 | - 23 X |
| Pay Period: 05/01/18 to 05/15/18 | 183° 35 % |
| | 1.40 * |
| Check Date: 05/15/18 Check #: 6827 Social Security | 30.27 |
| NET PAY ALLOCATIONS Medicare | |
| Fed Income Tax S1 | - 23 Y |
| DESCRIPTION THIS PERIOD (\$) YTD (\$) LA Income Tax S 0 1 | 2,083.33 |
| | |
| | 76.87 |
| NET PAY 820.44 7368.70 DEDUCTIONS DESCRIPTION THIS PERIOD | ξυ. |
| STD Post-Tax 36. | 0. |
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| China 1041.67 2083.33 | |
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| | YTD (\$) |
| NET PAY THIS PERIOD (\$) 820.44 | 7368.70 |

PATRICIA A BROWN 6555 E MONARCH **BATON ROUGE LA 70812**

NON-NEGOTIABLE

| | | | | | STUD & | λ. |
|--|--------------|-------------------------------|---------------|---------------------------|---------------|----------|
| PERSONAL AND CHECK INFORMATION Patricia A Brown | EARNINGS | DESCRIPTION | HRS/UNITS | RATE THIS PERIOD (\$) | YTD HOURS YTD |) (\$) |
| 6555 E Monarch | | Fvri | | | 1041. | 1.66 |
| Baton Rouge, LA 70812 | | LAL Hours | | 1041.67 | 9374. | 1.99 |
| Soc Sec #: xxx-xx-xxxx Employee ID: 35 | | Total Hours
Gross Earnings | | 1041.67 | 10416. |
R &E |
| Home Department: 100 Staff Bi-weekly | | Total Hrs Worked | | | | |
| Pay Period: 05/16/18 to 05/31/18
Check Date: 05/30/18 | WITHHOLDINGS | DESCRIPTION Social Security | FILING STATUS | THIS PERIOD (\$)
64.58 | YTD | 5.83 |
| NET PAY ALLOCATIONS | | Medicare | | 15.10 | | 1.04 |
| NEI PAT ALLOCATIONS | • | Fed Income Tax | S 1 | 77.81 | | 7.42 |
| DESCRIPTION THIS PERIOD (\$) YTD (\$) | | LA Income Tax | 801 | 27.00 | | 6.00 |
| Check Amount 0.00 0.00 | | DA IIICOITIG TEX | 301 | 21.00 | 200. | 7.00 |
| Chkg 0017 <u>820.46</u> <u>8189.16</u>
NET PAY 820.46 8189.16 | | TOTAL | | 184.49 | 1860. | |
| 4EI FAT 820,40 0105.10 | DEDUCTIONS | DESCRIPTION | | THIS PERIOD (\$) | YTD |) (\$) |
| | 20 | STD Post-Tax | | 36.72 | 367. | 7.20 |
| | | TOTAL | | 36.72 | 367. | 7.20 |
| | By By | e so | Deul | - 1
Catròna | | |
| | | | | THIS PERIOD (\$) | YTT | |

FAMILY VALUES RESOURCE INSTITUTE INC INSTITUTEINC PO BOX 77403 BATON ROUGE LA 70874

Payrolls by Paychex, inc.

0060-T846 ORG1:100 Staff Bi-w eekly EE ID: 12

Client Services Coordinate

SHIRLEY WALKER 6230 MAPLEWOOD DRIVE BATON ROUGE LA 70812

100%

NON-NEGOTIABLE

| | | | 23 | | Str | b/ |
|--|------------------------------|--|---------------|-----------------------|-----------|------------------|
| PERSONAL AND CHECK INFORMATION Shirtey Walker | EARNINGS | DESCRIPTION I | HRS/UNITS | RATE THIS PERIOD (\$) | YTD HOURS | YTD (\$) |
| 6230 MaplewoodDrive
Baton Rouge, LA 70812 | | LAL Hours
Total Hours | | <u>1041.66</u> | | 9374.98 |
| Soc Sec #: xxx-xx-xxxx Employee ID: 12 | | Gross Earnings
Total Hrs Worked | | 1041.66 | | 9374.98 |
| Home Department: 100 Staff Bi-weekly | WITHHOLDINGS | | FILING STATUS | THIS PERIOD (\$) | | YTD (\$) |
| Pay Period: 05/01/18 to 05/15/18
Check Date: 05/15/18 Check #: 6833 | | Social Security
Medicare | | 64.58
15.11 | | 581.25
135.94 |
| NET PAY ALLOCATIONS | - | | S 1 +\$21.20 | 99.01 | | 910.41 |
| DESCRIPTION THIS PERIOD (\$) YTD (| e) | LA Income Tax | S 0 1 | 27.00 | | 239.00 |
| Check Amount 0.00 0.0 | o | TOTAL | | 205.70 | • | 1866.60 |
| Chkg 2191 <u>822.94</u> <u>7391.2</u>
NET PAY 822.94 7391.3 | | DESCRIPTION | | THIS PERIOD (\$) | | YTD (\$) |
| NEI PAY GELOT 1331. | | STD Post-Tax | | 13.02 | | 117.18 |
| 0 | | TOTAL | | 13.02 | | ′ ' ''.18 |
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| Juliu. | In | ~ 6.0. | | >, " | 100 | |
| | 1 Ku | <u>.</u> | | | 1,041+66 | + |
| Stub 1 1041.66 | ~ | 600 | 2 | | 1,041.67 | + |
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| 1011167 | |);; O. | -51 | Salarcu | 6.5 | % |
| Stub 2 1041.67 | | x 7.6 | | 341414 | 129•17 | * |
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| 908333 | | \$159.3 | ろ / | | 1•45 | % |
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| Payrolls by Paychex, Inc. | | | | | 236•25 | * |

FAMILY VALUES RESOURCE INSTITUTE INC INSTITUTEINC PO BOX 77403 BATON ROUGE LA 70874

Payrolls by Paychex, Inc.

0060-T846 ORG1:100 Staff Bi-w eekly

EE ID: 12

12

Client Services Coordinates

SHIRLEY WALKER 6230 MAPLEWOOD DRIVE BATON ROUGE LA 70812

NON-NEGOTIABLE

| PERSONAL AND
Shirley Walker | CHECK INFORMATIO | N |
|--------------------------------|-------------------------|----------------|
| 6230 Maplewood | Trive | |
| Baton Rouge, LA | | |
| Soc Sec #: xxx-xx | | 2 |
| Home Departmen | nt: 100 Staff Bi-weekly | |
| Pay Period: 05/10 | 6/18 to 05/31/18 | |
| Check Date: 05/3 | 30/18 Check #: 6840 | |
| NET PAY ALLOC | CATIONS | |
| DESCRIPTION | THIS PERIOD (\$) | YTD (\$) |
| Check Amount | 0.00 | 0.00 |
| Chkg 2191 | 822,96 | <u>8214.16</u> |
| NET PAY | 822.96 | 8214.16 |
| | | |

| | | | | | 2 | tuba |
|--------------|------------------------------------|---------------|------|------------------|-----------|------------------|
| EARNINGS | DESCRIPTION | HRS/UNIT\$ | RATE | THIS PERIOD (\$) | YTD HOURS | YTD (\$) |
| | LAL Hours
Total Hours | | | <u>1041.67</u> | | 10416.65 |
| 49 | Gross Earnings
Total Hrs Worker | 1 | | 1041.67 | | 10416.65 |
| WITHHOLDINGS | DESCRIPTION | FILING STATUS | | THIS PERIOD (\$) | | YTD (\$) |
| | Social Security
Medicare | | | 64.58
15.10 | | 645.83
151.04 |
| | Fed Income Tax | \$1+\$21.20 | | 99.01 | | 1009.42 |
| | LA income Tax | S 0 1 | | 27.00 | | 266.00 |
| | TOTAL | | | 205.69 | | 2072.29 |
| DEDUCTIONS | DESCRIPTION | | • | THIS PERIOD (\$) | | YTD (\$) |
| | STD Post-Tax | | | 13.02 | | 130.20 |
| | TOTAL | | | 13.02 | | 130.20 |

See strib 1 for calculations

NET PAY

THIS PERIOD (\$)

\$22.96

\$214.16



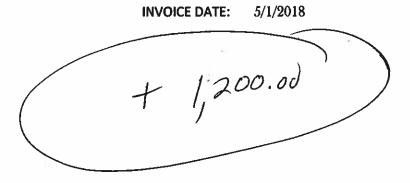
INVOICE

INVOICE #:

201805

P.O. Box 74403 Baton Rouge, LA 70874 225-355-2725 Office 225-355-2742 Fax www. FVRI.org

Billed To: Louisiana Alliance For Life



| DESCRIPTION | AMOUNT |
|--|-------------------|
| Monthly Charge for Rental of 2,000 square feet of office space in 2500 square foot building at \$0.60 per square foot as stated in the budget narrative. | 1,200.00 |
| | |
| | 30 VI |
| | 6, 31 |
| | * |
| | TOTAL \$ 1,200.00 |

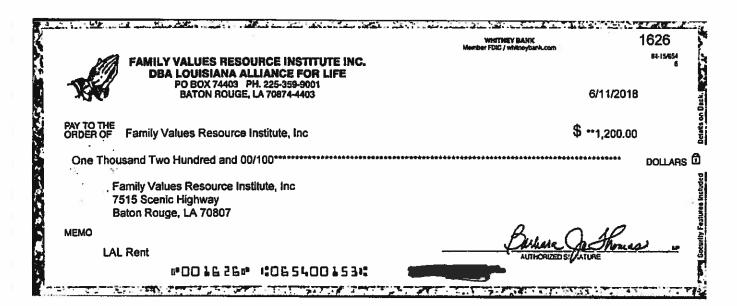


Transactions Details

| Posting Date | 06/11/2018 |
|------------------|----------------------|
| Transaction Date | 06/11/2018 |
| Description | DDA CHECK 0000001626 |
| Transaction Type | Debit |
| T/C | 0075 |
| Amount | \$1,200.00 |
| Balance | |

Front

Back







Transactions Details

| Posting Date | 06/11/2018 |
|------------------|----------------------|
| Transaction Date | 06/11/2018 |
| Description | DDA CHECK 0000001626 |
| Transaction Type | Debit |
| T/C | 0075 |
| Amount | \$1,200.00 |
| Balance | |
| Front Back | |
| 2.0 | |

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Invoice Number: Due Date: Due This Period:

59098901 06/01/2018 \$218.98

DE LAGE LANDEN FINANCIAL SERVICES.

PO BOX 41602 PHILADELPHIA, PA 19101-1602

Amount Enclosed:

3568053301 PRESORT 53301 1 AB 0.405 P1C209 Որ Ֆոինի Միրանի անույթանի հետև այս անականի անույթան անույթան անույթան անույթան անույթան անույթան անույթան անու

FAMILY VALUES RESOURCE INSTITUTE INC ATTN AP

PO BOX 74403 **BATON ROUGE LA 70874-4403** Please make check payable to:

DE LAGE LANDEN FINANCIAL SERVICES, INC. PO BOX 41602 PHILADELPHIA, PA 19101-1602

ոլը^ի իրիսի անագրարի անդին անագրարի անձագորի անհանգույլ անագրարի իրկան անագրարի անձագոր անձագոր անձագոր անձագո

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Detach here. Please include the top payment coupon with your payment. Please allow 5-7 days for U.S. Postal Service delivery.

financial solutions

DE LAGE LANDEN FINANCIAL SERVICES, INC. PO BOX 41602

PHILADELPHIA, PA 19101-1602

800-736-0220

Contract Number: Invoice Number: Account Number:

Site Number: Invoice Date:

Period of Performance: **Due This Period:**

25411981

59098901 1053937 3849724

05/06/2018 05/01/2018-05/31/2018

\$218.98

Visit www.lesseedirect.com

Did you know you can...

- View copies of your contract and open invoices
- Enroll in paperless invoicing
- Make a payment
- Set up automated/recurring payments

IMPORTANT MESSAGES

*Please review your equipment location(s) for tax purposes.

See Reverse For Important Information

| Balance Due Previous Involo
Total Amount Due | es | | | | | \$0.00
\$218.98 |
|---|-------|----------------|---------|-----------------------|-------------------|----------------------|
| Billed this invoice | S. A. | \$199.07 | \$19.91 | \$218.98 | \$0.00 | \$218.98 |
| INSURANCE | 10 | \$20.07 | \$2.01 | \$22.08 | \$0.00 | \$22.08 |
| PAYMENT | | \$179.00 | \$17.90 | \$196.90 | \$0.00 | \$196.90 |
| Description | | Payment Amount | Tax | Total
Amount | Applied
Amount | Remaining Amount Due |
| INVOICE DETAILS | | | | TO PERSONAL PROPERTY. | 1346 1455 | |

(Please see the following pages for details.)

| - | \sim | | - | | - | ILS | |
|---|--------|---|---|---|---|-----|--|
| - | | | | _ | - | | |
| - | | - | - | | - | | |

Contract Serial **Purchase** Make / Asset Install Cost **Payment** Total Number Number Order Model Number Date Center Department Amount Tax Amount 25411981 A7PY01100010 KONMIN / 25411981_1 \$179.00 \$17.90 \$196,90 BHC308

Asset Location: 7515 SCENIC HWY BATON ROUGE EAST BATON ROUGE LA 70807-5447 United States

Asset Amount Total:

\$196.90

Contact Us

Customer Service



- Questions regarding your contract terms
- Balance Inquiry

- □ customercarecenter@leasedirect.com
 - Questions regarding Insurance
- General Questions regarding your bill

Address Changes & Invoice Delivery

- addressupdates@leasedirect.com
- Has your email address for invoice delivery changed?
- Has your billing or equipment address changed?
- Choose Paperless Invoicing and receive your invoice up to 5-7 days earlier!

Correspondence Address

DE LAGE LANDEN FINANCIAL SERVICES, INC. 1111 OLD EAGLE SCHOOL RD WAYNE, PA 19087-1453 *Please provide your contract number

IMPORTANT REMINDER: Enclose remittance slip with your check and send it to the address on the reverse side to ensure accurate and timely processing of your payment. Please remit payments at least 5 days prior to due date. Please record your Invoice number on the check. For account information 24 hours a day, 7 days a week, visit our website www.lesseedirect.com

Explanation of Charges

It is important to us that you understand the charges on your invoice. Please refer to this guide for assistance.

- 1. DOCUMENTATION/ORIGINATION FEE A one-time fee assessed on new transactions to cover our expenses for preparing financing statements and other documentation costs.
- 2. INTERIM PAYMENT A charge to account for the partial month, prior to the first full billing cycle, calculated per the terms and conditions in the contract.
- 3. INSURANCE CHARGE A charge due each billing period as the result of the equipment being insured by the lessor against theft or damage.
- 4. PAYMENT Amount due each billing period in accordance with the terms of the contract.
- 5. LATE FEE Assessed when a payment is not received by its due date, as provided by the contract.
- 6. FINANCE CHARGE Assessed when a payment is not received and is over thirty (30) days past its due date.
- 7. PROPERTY TAX The lessor, as the owner of the equipment, is assessed and pays property tax to the appropriate taxing authority on an annual basis. Per the contract, the Lessee has agreed to reimburse the Lessor for all property taxes paid on their behalf plus reasonable administrative costs. For questions about taxes, call the Customer Service number above.
- 8. RETURNED CHECK FEE Assessed each time a check is returned for any reason.
- 9. CUSTOMER SERVICE FEE Assessed when a request for an amortization schedule, an invoice copy, a pay history or additional contract copy is requested.
- 10. ACCOUNT SUMMARY Overview of prior billed invoices for which a partial or no payment was received at the time the current invoice was printed.
- 11. TAX OR LESSOR SURCHARGE Taxes due in accordance with the tax laws of the state(s) where the equipment is located. For tax related questions, call the Customer Service number above.

CHASE for BUSINESS

Printed from Chase for Business

| FAMILY VALUES Service 8 | S RESOURCE IN
ing Families For Over 20 Ye
P.O. 80X 74403
SATON ROUGE, LA 70874
225-399-9001 | NSTITUTE, INC | CHASE O Jillorgen Cheer Bank, N.A. www.Chees.com 84-13/654 | 5/29/2018 | 505 |
|-------------------------|---|---|--|--|-----------|
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PO Box 4 | anden Financial S | iervices, Inc | | have Ja Showas | DOLLA |
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2.75 +
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5200 LONGFELLOW DR
             BATON ROUGE
               70805-2711
               2106300966
05/15/2018
               (800) 275-8777
                                1:45 PM
Final
                       Sale
Product
                                   Price
                       Qty
Description
PM 1-Day
    (Domestic)
    (BATON ROUGE, LA 70804)
(Weight:1 Lb 5.30 0z)
(Expected Delivery Date)
(Wednesday 05/16/2018)
                                 $3.45
 Certified
      (90USPS Certified Mail #)
     (70171450000032253099)
                                 $2.75
 Return
 Receipt
     (@@USPS Return Receipt #)
      (9590940230977124057526)
                                $13.45
Total
                                $13.45
Debit Card Remit'd
     (Card Name: VISA)
     (Account #:XXXXXXXXXXXXXXX9477)
     (Approval #:
     (Transaction #:208)
     (Receipt #:008832)
     (Debit Card Purchase:$13.45)
     (Cash Back: $0.00)
    (Entry Mode:Chip)
(AID:A0000000980840)
     (Application Label: US DEBIT)
     (PIN: Verified by PIN)
     (Cryptogram:F23F1314FF19572C)
     (ARC:00)
     (CVR: 420000)
     (IAD:06010A03602000)
     (TSI:6800)
     (TVR:8000048000)
Includes up to $50 insurance
Text your tracking number to 28777
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Text your tracking number to 28777 (2USPS) to get the latest status. Standard Message and Data rates may apply, You may also visit www.usps.com USPS Tracking or call 1-800-222-1811.

Save this receipt as evidence of insurance. For information on filing an insurance claim go to https://www.usps.com/help/claims.htm.

Remit To:

133 E. Third Street • Kenner, LA 70062

CUSTOMER # ODFVRI DEPT BILLING ADDRESS FAMILY VALUES RESOURCE INS.

7515 SCENIC HWY BATON ROUGE

LA 70807

CHARGE INVOICE ROUTE # S1

INVOICE DATE INVOICE NO. 05/07/18 546851-0 SALESMAN 123 WRITER 159 PAGE FEDERAL #72-1496942 PO # SHIPPING ADDRESS

FAMILY VALUES RESOURCE INS. *** CLOSED ON FRIDAY ***

7515 SCENIC HWY

| ATON 1 | ROUGE | | L.A | 708 | 07 |
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| SHICK ROOK | | LA 70807 / | (B) | ATON ROUG | 3 | LA 70807 |
|---------------------------------------|-------------------|--|---------------|------------------|--|---|
| ITEM NBR. | co. | DESCRIPTION UNI | ORDER B/O | SHIP
QTY | UNIT D
PRICE T | EXTENDED |
| 645
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@TAP10
3108 | PAP
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PAPER, VLM, EXACT, 67#, E
TAPE, COR, WITE-OUT | A 1 | 00,00 | 65.490 C
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New Orleans: 504.464.0000 phone 504.464.4099 fax

Baton Rouge: 225.774.8773 phone 225.774.9824 fax Northshore: 985.748.7000 phone 225.774.9824 fax



BILLING ADDRESS

FAMILY VALUES RESOURCE INS.

INVOICE DATE INVOICE NO. 05/24/18 549292-0 SALESMAN 123

WRITER 159 PAGE FEDERAL #72-1496942

PO #

SHIPPING ADDRESS

FAMILY VALUES RESOURCE INS. *** CLOSED ON FRIDAY ***

7515 SCENIC HWY

CHARGE INVOICE ROUTE # S1

7515 SCENIC HWY

CUSTOMER #

ODFVRI DEPT

| HATON ROUGE | | LA 70807 | | | BATON ROU | THE PERSON SHAPE THE PE | LA 70807 |
|--|---------------------------------|---|--|---------------------------------|------------------|--|--|
| TEM NBR. | co. | DESCRIPTION **Attention : | UNIT | ORDER B
QTY Q | O SHIP
TY QTY | UNIT D
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LABEL, C/C, 1.5X1.
PEN, GEL, RTR, G2, C
PEN, GEL, RTR, G2, C
PEN, GEL, RTR, G2, C
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16.69
23.79
71.98 |
| | | Ω | 5/ | 24/3 | | | |
| | | | ic Kill | | > | 7 | |
| | | | INV | OICE | | TAX
TOTAL | 23.69
260.60 |

New Orleans: 504.464.0000 phone 504.464.4099 fax

Baton Rouge: 225.774.8773 phone 225.774.9824 fax

Northshore: 985.748.7000 phone 225.774.9824 fax

fice Supplies

| to the control of the | CARRIE NA CARACTER |
|--|--------------------|
| FAMILY VALUES RESOURCE INSTITUTE INC | 1084 |
| PO BOX 74403 | 84-438/652 |
| BATON ROUGE, LA 70874
(225) 359-9001 51 20 1 20 1 20 1 20 1 20 1 20 1 20 | 01 |
| DATE JOCIO CIO | — ₩Citack bakin |
| PAY TO THE OF GBP Duct . \$ 3 | 88.49 |
| Three hundred eighty-eight dollars 4 49/100 - 0011 | ARS DEL |
| & Guaranty Bank | |

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>065000090< CAPITAL ONE, NA 0006883060 06042018 RICHMOND, VA 033 21 Deposit 0812328522



(NOT FOR PAYMENTS) DEPARTMENT # 102430 PO BOX 1259 OAKS, PA 19456 6400 0210 NO RP 05 05082018 NNNNNNNY 01 000877 0003



FAMILY VALUES RESOURCE INSTITUTE INC

7515 SCENIC HWY **BATON ROUGE LA 70807-5447**

երկիրքանարի անագորաներ անագորաներ անագորաներ

| AE | COUNT SUMMARY as of May | y 5, 2018 |
|------|------------------------------------|-----------|
| Pre | vious Balance | \$551,24 |
| Pay | ment Received - Apr 23 | -\$551.24 |
| Ren | naining Previous Balance | \$0.00 |
| Nev | v Charges: May 5, 2018 - Jun 4, 20 | 18 |
| | tv ′ | \$85.99 |
| 4 | Internet | \$115.00 |
| 8 | Telephone | \$264.75 |
| | Cox Toll Free | \$5.00 |
| | Usage Charges(Phone) | \$2.56 |
| + 20 | Taxes, Fees and Surcharges | \$80,51 |
| New | Charges | \$553.81 |
| Tota | al Due By May 27, 2018 | \$553.81 |

Page 1 of 4

May 05, 2018

CONTACT US:

www.coxbusiness.com

866-272-5777

Account Number

001 5711 071045903

COX PIN

7515

SERVICE ADDRESS

7515 SCENIC HWY

BATON ROUGE, LA 70807-5447

DID YOU KNOW you can Chat with us anytime? We're available 24 hours a day, 7 days a week for billing and technical support. Visit -cox.com/chat or download the Cox Connect mobile app and Message Us to get started.

Helephone



Make Your Life Easier and GO GREEN!

With EasyPay, pay your monthly Cox bill automatically from your bank or credit card account. Add Paperless Billing and you get rid of paper bills and can access your account online any time, all while saving trees! Sign up today at www.coxbusiness.com/myaccount!

May 05, 2018 bill for FAMILY VALUES RESOURCE INSTITUTE

Account Number 001 5711 071045903

Service at

7515 SCENIC HWY

BATON ROUGE, LA 70807-5447

Total Due By May 27, 2018

\$553.81

COX BUSINESS PO BOX 919243 DALLAS TX 75391-9243

May 05, 2018 Bill for FAMILY VALUES RESOURCE INSTITUTE

Account number 001 5711 071045903

Page 2 of 4

| MONTHLY SERVICES May 5 - Jun 4 | 4 (0.4) |
|---|----------|
| TV | |
| Digital Adapter | \$2.99 |
| Cox Business TV Starter (qty 2) | 20.00 |
| Business TV Essential (qty 2) | 38.00 |
| Cox Business Advanced TV | 4.00 |
| Business TV DVR/HD Advanced
Receiver | 8.50 |
| Other Fees and Surcharges | |
| Regional Sports Surcharge | \$5.00 |
| Broadcast Surcharge | 7.50 |
| Total TV | \$85.99 |
| INTERNET | |
| CBI 100 - 100 Mbps x 20 Mbps | \$115.00 |
| Total Internet | \$115.00 |
| TELEPHONE | |
| 225-355-2725 | |
| VoiceManager Flat Rated Local Line | \$25.00 |
| Network Interface Fee - Multi-Line | 9.25 |
| VoiceManager Enhanced Package | 0.00 |
| Cox Business Unlimited | 5.00 |
| Business VoiceManager Group
Hunting | 0.00 |
| Individual Voice Mailbox | 0.00 |
| 225-355-2333 | |
| VoiceManager Flat Rated Local Line | 25.00 |
| Network Interface Fee - Multi-Line | 9.25 |
| VoiceManager Enhanced Package | 0.00 |
| Cox Business Unlimited | 5.00 |
| DIRECTORY LISTING-NON PUBLISHED | 0.00 |

| Monthly Services cont.
225-356-1101 | |
|--|-------|
| VoiceManager Flat Rated Local Line | 25.00 |
| Network Interface Fee - Multi-Line | 9.25 |
| VoiceManager Enhanced Package | 0.00 |
| Cox Business Unlimited | 5.00 |
| DIRECTORY LISTING-NON | 0.00 |
| PUBLISHED | 0.00 |
| 225-357-6822 | |
| VoiceManager Flat Rated Local Line | 25.00 |
| Network Interface Fee - Multi-Line | 9.25 |
| VoiceManager Enhanced Package | 0.00 |
| Cox Business Unlimited | 5.00 |
| DIRECTORY LISTING-NON | 0.00 |
| PUBLISHED | |
| 225-357-6880 | |
| VoiceManager Flat Rated Local Line | 25.00 |
| Network Interface Fee - Multi-Line | 9.25 |
| VoiceManager Enhanced Package | 0.00 |
| Cox Business Unlimited | 5.00 |
| DIRECTORY LISTING-NON | 0.00 |
| PUBLISHED | |
| 225-359-9001 | |
| VoiceManager Flat Rated Local Line | 25.00 |
| Network Interface Fee - Multi-Line | 9.25 |
| VoiceManager Enhanced Package | 0.00 |
| Cox Business Unlimited | 5.00 |
| DIRECTORY LISTING-NON | 0.00 |
| PUBLISHED | |
| 225-355-2742 | 1E 00 |
| VoiceManager Flat Rated Local Line | 15.00 |
| Network Interface Fee - Multi-Line | 9.25 |
| Cox Business Unlimited | 5.00 |

DIRECTORY LISTING-NON

PUBLISHED

Payment options

Online: Visit cox.com to register for 24-hour online access or make payments to your account.

Mail: Detach this coupon and send it with your check or money order. Please include your account number on your check. Make your checks payable to Cox Communications. Allow 7 days for processing. Phone: You may contact us at the telephone number listed on the front of this bill anytime and follow the phone prompts to make a payment using your bank account or credit card.

In Person: Visit www.cox.com/business for a list of Cox Authorized Payment Centers.



0.00

May 05, 2018 Bill for FAMILY VALUES RESOURCE INSTITUTE Account number 001 5711 071045903 Page 3 of 4

| Monthly Services cont. VoiceManager Utility Line | 0.00 |
|---|--|
| Total Telephone | \$264.75 |
| COX TOLL FREE
855-696-2333 | |
| Cox Toll Free Svc - Switched | \$5.00 |
| Total Cox Toli Free | \$5.00 |
| TOTAL MONTHLY SERVICES | \$470.74 |
| USAGE CHARGES | |
| Telephone Usage
Usage for 225-355-2725 | A STATE OF THE STA |
| Intrastate Long Distance (qty 3) | \$0.00 |
| Usage for 225-355-2333 | |
| Interstate Cox LD - CB | 0.00 |
| Usage for 225-357-6822 | |
| Interstate Cox LD - CB (qty 2) | 0.00 |
| Usage for 225-359-9001 | |
| Intrastate Long Distance (qty 15) | 0.00 |
| Interstate Cox LD - CB (qty 4) | 0.00 |
| Usage for 225-355-2742 | |
| Interstate Cox LD - CB | 0.00 |
| Total Telephone Usage | \$0.00 |
| Toll Free Usage
Usage for 855-696-2333 | |
| Interstate Toll Free - CB (qty 2) | \$0.22 |
| intrastate Toll Free - CB (qty 7) | 2.34 |
| Total Toil Free Usage | \$2.56 |
| TOTAL USAGE CHARGES | \$2.56 |

| TAXES, FEES AND SURCHARGES | |
|--------------------------------------|---------|
| TV Taxes and Fees | |
| FCC Fee | \$0.08 |
| Franchise Fee | 4.71 |
| PEG Access Fee | 0.47 |
| Total TV Taxes and Fees | \$5.26 |
| Telephone Taxes, Fees and Surcharges | |
| Taxes | |
| E-911 Tax (Commercial) | \$10.50 |
| Interstate Telecomm Services | 0.16 |
| Federal Excise Tax | 7.56 |
| State Sales Tax | 10.81 |
| Total Taxes | \$29.03 |
| Fees and Surcharges | |
| Access Recovery Fee - Multi-Line | \$10.00 |
| Telecommunications Tax for the Deaf | 0.35 |
| Carrier Cost Recovery Fee | 0.68 |
| Federal Universal Service Fund | 18.32 |
| Public Utility Excise Tax | 11.99 |
| Louisiana Universal Service Fund | 4.88 |
| Total Fees and Surcharges | \$46.22 |

| Taxes, Fees and Surcharges cont. | |
|--|----------|
| Total Telephone Taxes, Fees and Surcharges | \$75.25 |
| TOTAL TAXES, FEES AND SURCHARGES | \$80.51 |
| TOTAL NEW CHARGES | \$553.81 |

| | IONE USAGE D | | -355-27 | 725 | |
|----------------------------|--------------------|--------------|-------------|---------------|--------|
| Time | Place | Number | Min:
Sec | Rate/
Time | Amt |
| Apr 18
09:48A
Apr 23 | LK CHARLES,LA | 337-540-1436 | 1:00 | DD/D | 0.0000 |
| 09:42A
May 1 | LK CHARLES,LA | 337-540-1436 | 1:06 | DD/D | 0.0000 |
| 11:56A | ALEXANDRI ,LA | 318-314-3064 | :48 | DD/D | 0.0000 |
| Total Int | rastate Long Dista | nce | 2:54 | | \$0.00 |

2:24

\$0.00

\$0.00

| Intersta | ite Long Distanc | | | | |
|------------------|--------------------|--------------|-------------|---------------|--------|
| Time
Apr 23 | Place | Number | Min:
Sec | Rate/
Time | Amt |
| 09:25A | ATLANTA N ,GA | 678-830-2600 | 1:42 | DD/D | 0.0000 |
| Total Int | erstate Long Dista | nce | 1:42 | | \$0.00 |

TELEPHONE USAGE DETAILS for 225-355-2333

TELEPHONE USAGE DETAILS for 225-357-6822

Total Interstate Long Distance

| Intersta | ite Long Distance | | | | |
|-----------------|-------------------|--------------|-------------|---------------|--------|
| Time | Place | Number | Min:
Sec | Rate/
Time | Amt |
| Apr 18 | uniman w | 022 204 4242 | 2.00 | | |
| 09:37A
May 2 | XT, NOTZUOH | 832-294-4313 | 2:00 | DD/D | 0.0000 |
|
12:53P | GREENVILLE,SC | 864-567-7289 | :24 | DD/D | 0.0000 |

| | ite Long Di | | | Min: | Rate/ | |
|--------|-------------------|-----|--------------|--------|-------|--------|
| Time | Place | | Number | Sec | Time | Amt |
| \pr9 | | | | | | |
| 02:58P | LEESVILLE | ,LA | 337-239-9863 | 3 1:18 | DD/D | 0.0000 |
| Apr 10 | | | | | | |
| 04:01P | LEESVILLE | ,LA | 337-397-0271 | 6:54 | DD/D | 0.0000 |
| \pr 11 | | | | | | |
| 02:28P | NEWORLEA | ,LA | 504-835-6520 | 3:36 | DD/D | 0.0000 |
| 02:40P | ALEXANDRI | ,LA | 318-314-3064 | :12 | DD/D | 0.0000 |
| 02:41P | MARKSVILLE | LA | 318-305-7301 | 1:12 | DD/D | 0.0000 |
| pr 18 | | | | | | |
| 10:51A | MORGANCI | ,LA | 985-498-6188 | 3:24 | DD/D | 0.0000 |
| 11:38A | MONROE | ,LA | 318-614-6134 | 3:12 | DD/D | 0.0000 |
| 02:15P | ALEXANDRI | ,LA | 318-790-3652 | : :48 | DD/D | 0.0000 |
| pr 19 | | | | | | |
| 10:49A | NEWORLEA | ,LA | 504-210-5728 | :06 | DD/D | 0.0000 |
| 01:02P | MONROE | ,LA | 318-614-6134 | 16:54 | DD/D | 0.0000 |
| 01:22P | MONROE | ,LA | 318-614-6134 | :12 | DD/D | 0.0000 |
| 02:28P | LK CHARLES | ,LA | 337-912-6805 | 2:42 | DD/D | 0.0000 |
| pr 24 | | | | | | |
| 02:09P | LAFAYETTE | .LA | 337-983-6167 | :36 | DD/D | 0.0000 |
| pr 30 | | | | | | |
| 11:45A | MONROE | ,LA | 318-614-6134 | 2:00 | DD/D | 0.0000 |
| 11:45A | NEW IBERIA | .LA | 337-321-6298 | :06 | DD/D | 0.0000 |
| | | | | | | 2.2.00 |

May 05, 2018 Bill for FAMILY VALUES RESOURCE
INSTITUTE

Account number 001 5711 071045903 Page 4 of 4

| Telepho | ne Usage Detail | s cont. | | | |
|------------------|--------------------|--------------|-------|--------|--------|
| | rastate Long Dista | | 43:12 | | \$0.00 |
| Intersta | ite Long Distanc | e | Min: | Rate/ | |
| Time | Place | Number | Sec | Time | Amt |
| Apr 18 | | | .45 | 00/0 | 0.000 |
| 02:13P | BEVERLYHL ,CA | 310-623-7738 | :12 | DD/D | 0.0000 |
| Apr 24
03:43P | ATLANTA N.,GA | 678-830-2600 | 2:12 | DD/D | 0.0000 |
| May 1 | | | 40.24 | DD //D | 0.0000 |
| 01:59P | GRENADA ,MS | 662-230-7330 | 10:24 | | |
| 02:25P | GRENADA ,MS_ | 662-230-7330 | :54 | DD/D | 0.0000 |
| Total Int | erstate Long Dista | nce | 13:42 | | \$0.00 |

TELEPHONE USAGE DETAILS for 225-355-2742

| Intersta | ite Long | Distance | 8 | Min: | Rate/ | |
|-----------------|------------|-----------|--------------|------|-------|--------|
| Time | Place | | Number | Sec | Time | Amt |
| May 3
12:23P | TULSA | ,OK | 918-526-1441 | 1:42 | DD/D | 0.0000 |
| Total Int | erstate Lo | ong Dista | nce | 1:42 | | \$0.00 |

TELEPHONE USAGE DETAILS for 855-696-2333

| ŧ | | | | ** ** | | | |
|---|-----------------|--------------|-----------|--------------|-------|-------|--------|
| | Intersta | te Toll Fre | e | _ | 0.61 | Bass | |
| | | | | From | Min: | Rate/ | |
| | Time | Place | | Number | Sec | Time | Amt |
| | | JACKSONVL | ,FL | 904-923-8859 | :12 | DD/D | 0.0100 |
| | May 3
03:08P | MOBILE | ,AL _ | 251-508-0000 | 4:06 | DD/D | 0.2050 |
| - | | erstate Toll | Free | | 4:18 | | \$0.22 |
| | , | | | | | | |
| | Intrasta | ate Toll Fre | e | | | | |
| | | | | From | Min: | Rate/ | |
| | Time | Place | | Number | Sec | Time | Amt |
| | Apr 9 | | | | 4 45 | DD (D | 0.0050 |
| | 04:19P | BATONROU | G,LA | 225-287-8117 | 1:42 | DD/D | 0.0850 |
| | Apr 13 | LK CHARLES | . 1A | 337-540-1436 | 18:12 | DD/D | 0.9100 |
| | Apr 20 | DK CHIMICES | , , , , , | 35. 5.0 | | | |
| | | BATONROU | G,LA | 225-336-5430 | 13:00 | DD/E | 0.6500 |
| | Apr 23 | | | | | | |
| | | BATONROU | G,LA | 225-287-8117 | 10:24 | DD/D | 0.5200 |
| | Apr 29 | | | | | | 0.000 |
| | 03:15P | | | 225-239-3424 | 1:00 | | 0.0500 |
| | 03:17P | BATONROU | IG,LA | 225-239-3424 | :36 | DD/N | 0.0300 |
| | | | | | | | |

Rate Codes

03:18P BATONROUG,LA

Total Intrastate Toll Free

DD = Direct Dial

Time Codes

D = Day
N = Night/Weekend

E = Evening

225-239-3424

CUSTOMER INFORMATION

Billing, Payment Policies and Fees:

Cox Business bills all customers in advance for monthly recurring charges and in arrears for non-recurring charges such as On Demand/pay-per-view and long distance. Payment in full is due to Cox by the "Due By" date indicated on your statement. If payment is not received by this date, your bill will become past due and may be subject to additional fees, such as late payment charges, electronic reactivation fees, or returned payment fees. Payment of your Cox bill confirms your

subscription to services and the possession of Cox owned equipment

Customer Information cont.

listed on your bill.

When you provide a paper, electronic check or electronic fund transfer (EFT) as payment, you authorize Cox to process your payment as a traditional check transaction or to make a one-time EFT from your account. An EFT may debit your account as soon as the same day you make your payment. Payments returned unpaid for any reason will incur a returned payment fee of up to \$25.00, or the maximum allowed by state law. By using a credit card, debit card, paper check or an electronic check to make a payment, you agree that, if your payment is returned unpaid, you expressly authorize a one-time electronic fund transfer from your account for the amount of the payment plus any returned payment fees. If payment is not received by the "Due By" date indicated on your statement, a late payment charge may be assessed on your account.

Closed Captioning: If you have questions or are experiencing problems with your Closed Caption service, please contact us at the phone number on the front of this bill. If we are unable to resolve your Closed Caption concern you may contact:

W.F. Hott, Closed Captioning, Cox Communications, 6205-B Peachtree Dunwoody Rd, Atlanta, GA 30328; Phone: 888-278-6660, Email: closedcaption@cox.com.

Basic Local Telephone Service: You must pay all regulated telephone charges to avoid disconnection of basic local telephone service. If you pay less than your full monthly bill and want the partial payment applied to telephone charges first, call Cox Customer Care; otherwise, your partial payment will first be applied to any past due balance, including non-regulated charges, putting you at risk of disconnection of telephone service.

911 Services: If your modem is disconnected or moved, or its battery is not charged or otherwise fails, phone service, including access to 911 services will not be available. Please review the following website for additional important information about Cox's 911 practices: https://www.cox.com/business/phone/e911-regulatory.html.

Louisiana Do Not Cail List

To reduce unsolicited telemarketing calls, LA residential customers can now register, at no charge, for the LA "Do Not Call" program. To register, please contact the LPSC at 1-877-676-0773 or register online at http://www.lpsc.org. Business numbers may not be included on the list. To be included in the National "Do Not Cail" registry, please contact the FTC at 1-888-382-1222 or visit www.donotcall.gov.

Businesses currently engaging or wishing to engage in telephonic solicitation of residential telephone customers in Louisiana must register annually with the Louisiana Public Service Commission (LPSC) to subscribe to the "Do Not Call" register. The register, updated quarterly, contains telephone numbers of residential customers who prefer not to be solicited. "Do Not Call" program rules and registration information may be found on the LPSC website: www.lpsc.org/donotcall, or by calling 1-877-676-0773 toll free. Fines and penalties may be imposed on telephonic solicitors who do not comply with these rules.

Billing Dispute and Resolution

0.0950

\$2.34

1:54 DD/N

46:48

If you have any questions regarding your bill or disagree with any portion of your bill, immediately contact Cox with your concerns. You must contact us no later than 60 days from the bill's due date via the contact information listed on the front of this bill so that Cox can review your account.

To dispute the outcome related to your cable service, you may file a complaint with your local franchising authority: CITY OF BATON ROUGE, PO BOX 1471, BATON ROUGE, LA 70821

0000000701331795

FAMILY VALUES RESOURCE INSTITUTE INC

1083

PO BOX 7403

BATON ROUGE, LA 70874

(228) 369-9001

DATE 5/29/2018

\$ 553.81

POT THE OF COX BULLION

POR ACCT #: 0015711071045903

BULLION GRANCHASE BK NA COX TO NIMD

108418 >0749099024 PAYEE ALL

37689505 0919243 PRTS RSVD

Public Relations

Resource & Fund Development, LLC

Invoice

Project

5525 Superior Drive, Ste. C2 Baton Rouge, LA 70816

Professional

P.O. No.

Date Invoice # 6/4/2018 95

Terms

| Bill To | Q.L. & Colotine 800.00 + |
|-----------------------------|---|
| FVRI
7515 Scenic Highway | Fublic Relation - 800.00 +
Evaluation - 900.00 + |
| Baton Rouge, LA 70807 | Hech/Book(ept- 4,309.72) * |
| | Total 0. c |

| Quantity | Description | | Rate | Amount |
|----------|---|--------------------|--------|--------|
| | Public Relations activities for May 2018: * Scheduled several appointments with Ashley and Michael of nola.com. * Met with Sarah on several occasions of nola.com. * Responded to emails | 7 | 800.00 | 800.0 |
| | 1304. | 86
1.96
5,74 | | |
| | | | ±1 | |
| | | | | |
| | | | | |
| | | | | |

EValuation
Resource & Fund Development, LLC

5525 Superior Drive, Ste. C2 Baton Rouge, LA 70816

Invoice

| Date | Invoice # |
|----------|-----------|
| 6/4/2018 | 94 |

| Bill To |
 | Ĭ. |
|--|------|----|
| FVRI
7515 Scenic Highway
Baton Rouge, LA 70807 | | C) |
| | | |

| P.O. No. | Terms | Project |
|----------|-------|---------|
| | | • |

| Quantity | Description | | Rate | Amount |
|----------|---|---|------|--------|
| | Evaluation Activities for May 2018 Requested data from subcontractors and reminded them of Reminded subcontractors to complete the client service for Responded to subcontractors' emails. Responded to subcontractors telephone calls. Checked for subcontractors' data on database. Checked for subcontractors, whose data was not on the Nith Commit to Full-Term Pregnancy, report. Entered data on TANF database. Called Barbara Thomas that data had been entered on TAI Emailed and called Michael Ferris that data was complete Sent email to Barbara and Michael re year-to-date perform suggestions for corrective actions. | rms. umber of Women Who NF database. and ready for approval. | 900. | 900.00 |
| | | | | |
| | | ž: | | |

Total

\$900.00

hline Client Database

waycool software, inc.

Invoice

234 Mountain Forest Trail Calera, AL 35040

| DATE | INVOICE# |
|-----------|----------|
| 5/31/2018 | MB-19249 |

BILL TO

Louisiana Alliance for Life Cenla Pregnancy Center PO Box 13907 Alexandria, LA 71315

50,00 90.00 + 50.00 + 50.00 + 50.00 + 90.00 + 455 • 00 M+

..0..

DUE DATE

6/30/2018

| ITEM | DESCRIPTION | QTY | RATE | AMOUNT |
|----------------|----------------------------|-----|-------|---------|
| CoolFocusWeb M | CoolFocusWeb Monthly Lease | | 50.00 | 50.00 |
| | F | | 1 | |
| | = | 260 | | |
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| | | | | |
| | | Tot | tal | \$50.00 |

Payments/Credits \$0.00 **Balance Due** \$50.00 E-mail Phone #

888-746-6753

mike@waycoolsw.com

Payment sent We sent a confirmation email.

WayCool Software, Inc.

Thayolog to MBB 19249

Invoice total \$50.00

Amount paid \$50.00

Balance Due \$0.00

Date paidJune 13, 2018

Checking ••••1380

Payment method

Transaction IDa0i9acb6

Transactions Details

| Posting Date | 06/14/2018 |
|------------------|------------------|
| Transaction Date | 06/14/2018 |
| Description | WAY COOL SOFTWAR |
| Transaction Type | Debit |
| Amount | \$50.00 |
| Balance | |

Online Client Database

waycool software, inc.

234 Mountain Forest Trail Calera, AL 35040

Invoice

| DATE | INVOICE# |
|-----------|----------|
| 5/31/2018 | MB-19282 |

BILL TO

Louisiana Alliance for Life Crossroads Pregnancy Resource Center 105 Saint Louis Street Thibodaux, LA 70301

DUE DATE

6/30/2018

| ITEM | DESCRIPTION | QTY | , RA | TE | AMOUNT |
|----------------|----------------------------|----------|-------|-------|---------|
| CoolFocusWeb M | CoolFocusWeb Monthly Lease | | | 75.00 | 75.00 |
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| | | <u> </u> | | | |
| | | | Total | | \$75.00 |

mike@waycoolsw.com

Phone # 888-746-6753

\$0.00 **Balance Due** \$75.00 E-mail

Payments/Credits

Online Client Database

Payment sent We sent a confirmation email.

WayCool Software, Inc.

Invoice no.MB-19282

Invoice total \$75.00

Amount paid \$75.00

Balance Due \$0.00

Date paidJune 13, 2018

Checking ••••1380
Payment method

Transaction IDa0i9aek7



INV#MB-19282

Transactions Details

| Posting Date | | 06/14/2018 |
|------------------|---|------------------|
| Transaction Date | | 06/14/2018 |
| Description | ^ | WAY COOL SOFTWAR |
| Transaction Type | | Debit |
| Amount | | \$75.00 |
| Balance | | \$30,019.19 |

On line Client Database

Waycool software, inc.

234 Mountain Forman To The

234 Mountain Forest Trail Calera, AL 35040

Invoice

| DATE | INVOICE# |
|-----------|----------|
| 5/31/2018 | MB-19360 |

BILL TO

888-746-6753

Louisiana Alliance for Life Life Choices of North Central Louisiana 211 West Texas Avenue Ruston, LA 71270

DUE DATE

6/30/2018

| | | | | | 0/30/2016 |
|-------------------------------------|--|--------------|----|----------------|----------------------|
| ITEM | DESCR | IPTION | ΩТ | Y RATE | AMOUNT |
| CoolFocus Web M
CoolFocus Text S | CoolFocusWeb Monthly Lea
CoolFocus Text Service | se | | 75.
15. | 00 75.00
00 15.00 |
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| | 1 | 6 0 | | Total | \$90.00 |
| | | 1 1 1 | | Payments/Credi | ts \$0.0 |
| Phone # | | E-mail | 组 | Balance Due | \$90.00 |

mike@waycoolsw.com



Payment sent We sent a confirmation email.

WayCool Software, Inc.

Invoice no.MB-19360

Invoice total \$90.00

Amount paid \$90.00

Balance Due \$0.00

Date paidJune 13, 2018

Payment method Checking ••••1380

Transaction IDa0i9afv6



.Hancock Whitney Bank

INV#NB-1936

Transactions Details

| Posting Date | 06/14/2018 |
|------------------|------------------|
| Transaction Date | 06/14/2018 |
| Description | WAY COOL SOFTWAR |
| Transaction Type | Debit |
| Amount | \$90.00 |
| Balance | |

Online Client Database

Waycool software, inc.

234 Mountain France

234 Mountain Forest Trail Calera, AL 35040

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| DATE | INVOICE# |
|-----------|----------|
| 5/31/2018 | MB-19449 |

| BILL TO | |
|---|----|
| Louisiana Alliance for Life
Pregnancy Problem Center | (8 |
| 4724 Jamestown Avenue
Baton Rouge, LA 70808 | |
| | |

DUE DATE

6/30/2018

| | | | | | 0,50,2010 |
|----------------|----------------------------|-----|----------|--------------|---------------------------------------|
| ITEM | DESCRIPTION | | QTY | RATE | AMOUNT |
| CoolFocusWeb M | CoolFocusWeb Monthly Lease | | | 50.00 | 50.00 |
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| | | | Total | | \$50.00 |
| | | | Paymo | ents/Credits | \$0.00 |
| Phone # | | | Bala | nce Due | \$50.00 |

\$50.00 E-mail

Phone # 888-746-6753

mike@waycoolsw.com

Payment sent We sent a confirmation email.

WayCool Software, Inc.

Invoice no.MB-19449

Invoice total \$50.00

Amount paid \$50.00

Balance Due \$0.00

Date paidJune 13, 2018

Payment method Checking ●●●●1380

Transaction IDa0i9ah36



Transactions Details

| Posting Date | 06/14/2018 |
|------------------|------------------|
| Transaction Date | 06/14/2018 |
| Description | WAY COOL SOFTWAR |
| Transaction Type | Debit |
| Amount | \$50.00 |
| Balance | |

Online Client Database

waycool software, inc.

234 Mountain Forest Trail Calera, AL 35040

Invoice

| DATE | INVOICE# |
|-----------|----------|
| 5/31/2018 | MB-19528 |

| BILL TO | |
|-------------------------------------|-------------|
| Louisiana Alliance for Life | |
| Woman's New Life Center-Baton Rouge | |
| 760 Colonial Dr | |
| Baton Rouge, LA 70806 | |
| | |
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DUE DATE

6/30/2018

| ITEM | DESCRIPTION | QTY | RATE | AMOUNT |
|----------------|----------------------------|-----|----------|--------|
| CoolFocusWeb M | CoolFocusWeb Monthly Lease | JI. | 50.00 | 50.00 |
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Payments/Credits \$0.00

E-mail Balance Due \$50.00

Total

Phone # 888-746-6753

mike@waycoolsw.com

Payment sent We sent a confirmation email.

WayCool Software, Inc.

Invoice no.MB-19528

Invoice total \$50.00

Amount paid \$50.00

Balance Due \$0.00

Date paidJune 13, 2018

Payment method Checking ••••1380

Transaction IDa0i9aio5

Transactions Details

| Posting Date | 06/14/2018 |
|------------------|------------------|
| Transaction Date | 06/14/2018 |
| Description | WAY COOL SOFTWAR |
| Transaction Type | Debit |
| Amount | \$50.00 |
| Balance | |

Online Client Database waycool software, inc.

234 Mountain Forest Trail Calera, AL 35040

Invoice

| DATE | INVOICE# |
|-----------|----------|
| 5/31/2018 | MB-19530 |

| BILL | ТО |
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Louisiana Alliance for Life Women's Center of Lafayette 1331 Jefferson Avenue Lafayette, LA 70501

DUE DATE

6/30/2018

| ITEM | DESCRIPTION | QTY | RATE | AMOUNT |
|----------------|----------------------------|-----|----------------|--------|
| CoolFocusWeb M | CoolFocusWeb Monthly Lease | | 50.00 | 50.00 |
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Total \$50.00 Payments/Credits

\$0.00

Phone #

888-746-6753

E-mail

mike@waycoolsw.com

Balance Due

\$50.00

Payment sent We sent a confirmation email.

WayCool Software, Inc.

Invoice no.MB-19530

Invoice total \$50.00

Amount paid \$50.00

Balance Due \$0.00

Date paidJune 13, 2018

Checking ••••1380
Payment method

Transaction IDa0i9ajyy

| Posting Date | 06/14/2018 |
|------------------|------------------|
| Transaction Date | 06/14/2018 |
| Description | WAY COOL SOFTWAR |
| Transaction Type | Debit |

https://secure.hancockwhitney.com/dBanking/home.do

Amount

Balance

\$50.00

Online Client Database

234 Mountain Forest Trail Calera, AL 35040

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| DATE | INVOICE# |
|-----------|----------|
| 5/31/2018 | MB-19297 |

BILL TO

Louisiana Alliance for Life Family Values Resource Institute, Inc. Post Office Box 74403 Baton Rouge, LA 70874

DUE DATE

6/30/2018

| | | | - |
|--|--|--|---|
| DESCRIPTION | QTY | RATE | AMOUNT |
| CoolFocusWeb Monthly Lease
CoolFocus Text Service | | 75.00
15.00 | 75.00
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| | To | otal | \$90.00 |
| | Pa | yments/Credits | \$0.00 |
| | CoolFocusWeb Monthly Lease
CoolFocus Text Service | CoolFocus Web Monthly Lease CoolFocus Text Service To | CoolFocusWeb Monthly Lease 75.00 CoolFocus Text Service 15.00 |

mike@waycoolsw.com

Phone # 888-746-6753

Balance Due \$90.00 E-mail



Payment sent

We sent a confirmation email.

WayCool Software, Inc.

Invoice no.MB-19297

Invoice total \$90.00

Amount paid \$90.00

Balance Due \$0.00

Date paidJune 13, 2018

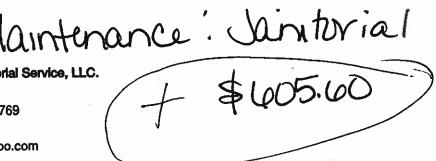
Payment method Checking ••••1380

Transaction IDa0i9anka

| 06/14/2018 |
|------------------|
| 06/14/2018 |
| WAY COOL SOFTWAR |
| Debit |
| \$90.00 |
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Willing Mind Janitorial Service, LLC.

P. O. Box 1773 Prairieville, LA 70769 (225) 677-9839 wmjanitorial@yahoo.com





INVOICE

BILL TO

Barbara J. Thomas Family values Resource Institute, Inc. 7515 Scenic Highway Baton Rouge, La. 70807

INVOICE # 2594 DATE 06/01/2018 DUE DATE 06/01/2018 TERMS Due on receipt

ACTIVITY

Services

Monthly Janitorial Service

AMOUNT

757.00

BALANCE DUE

\$757.00

HETNEY 80% \$60560



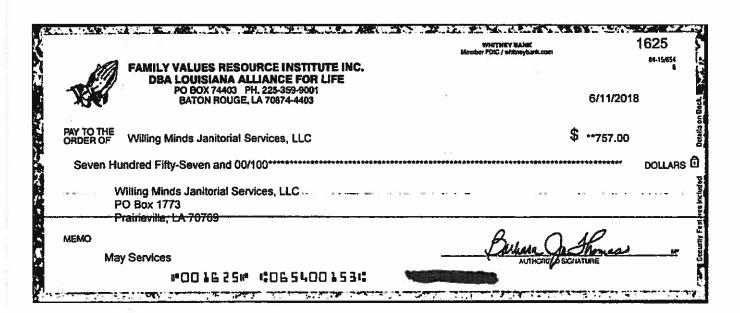
HANCOCK WHITNEY

Transactions Details

| 06/12/2018 |
|----------------------|
| DDA CHECK 0000001625 |
| Debit |
| 0077 |
| \$757.00 |
| |
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Front

Back





| Posting Date | 06/12/2018 |
|------------------|----------------------|
| Transaction Date | 06/12/2018 |
| Description | DDA CHECK 0000001625 |
| Transaction Type | Debit |
| T/C | 0077 |
| Amount | \$757.00 |
| Balance | |

Front

Back

Capital One, N.A. Richmond VA 065000090

41103RPG6681020180612000074783156

Capital One. N.A. Richmond VA 065000090 41103RPG6681020180612000074783156 >065000090<

CAPITAL ONE, NA 0031700100 06122018

RICHMOND, VA 023 21

Deposit 2081557678 Imaging - View Transaction YUUIU KUUTIONS \$ 800.00

FAMILY VALUES RESOURCE INSTITUTE INC
PO BOX 74403
BATON ROUSE, LA 70874
(225) 359-9001

DATE 4/1/20/8

PAY TO THE OF RESOURCE & June Development \$ 1,700.00

One Thousand Development & 1,700.00

Butter 9-495

Butter 9-495

061118 - 96190002891429 - >065503681<

#001089# #065204980#

Accounting / Bookkeeping

Latosha Isaac

1175 Lakemont Dr. Baton Rouge, LA 70816

| \$
1, | 304.86 |
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| | Imegica |

| Date | Invoice # |
|-----------|-----------|
| 5/15/2018 | 45 |

| Bill To | |
|---|--|
| Louisiana Alliance For Life
Family Values Resouce Institute, Inc
7515 Scenic Highway
Baton Rouge, LA 70807 | |

| Description | | Amount |
|---|------------------------|-----------|
| ookkeeping Services - May 1 thru May 15 | | 1,646.57 |
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| | Total | \$1,646.5 |
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| Posting Date | 05/14/2018 |
|------------------|-----------------------------|
| Transaction Date | 05/14/2018 |
| Description | PAYROLL PAYCHEX INC. 051418 |
| Transaction Type | Debit |
| T/C | 0036 |
| Amount | \$1,646.57 |
| Balance | |

Accounting / Bookkeeping \$ 1304.86

Invoice

1175 Lakemont Dr. Baton Rouge, LA 70816

| Invoice # |
|-----------|
| 46 |
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| Bill To | |
|---|--|
| Louisiana Alliance For Life
Family Values Resouce Institute, Inc
7515 Scenic Highway
Baton Rouge, LA 70807 | |

| Description | | Amount |
|---|------------------------------|------------|
| Bookkeeping Services - May 16 thru May 31 | | 1,646.57 |
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| | Total | \$1,646.57 |
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\$1304.10 Page 1 of 1

Transactions Details

| Posting Date | 05/29/2018 |
|------------------|-----------------------------|
| Transaction Date | 05/29/2018 |
| Description | PAYROLL PAYCHEX INC. 052918 |
| Transaction Type | Debit |
| T/C | • 0036 |
| Amount | \$1,646.57 |
| Balance | |



| Posting Date | 06/14/2018 |
|------------------|--------------|
| Transaction Date | 06/14/2018 |
| Description | PAYCHEX INC. |
| Transaction Type | Debit |
| Amount | \$17,600.00 |
| Balance | |

Total
2,200.00 +
1,200.00 +
2,200.00 +
2,200.00 +
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1,200.00 +
3,200.00 +
3,200.00 +
17,600.00 *

Subcontractor Payments

PAYROLL JOURNAL

(Prior to Processing)

| | HOURS HARNINGS REINBURSEMENTS & OTHER PAYMENTS | | ENTS & OTHER | PAYMENTS | WITHHOLDINGS | DEDUCTIONS | NET PAY | |
|--|--|----------|--------------|------------------------|---------------|------------|--|--|
| 8 | DESCRIPTION NATE | HOURS . | EARNINGS | REIMB & OTHER PAYMENTS | | | ALLOCATIONS | |
| (2) | | ••••• | ****** | | | | | |
| **** 300 1099 | | ***** | | 3 | ••••• | | Direct Deposit # Unknown | 5 |
| 38 | Contract Comp | | **** | | | | Check Amt
Chkg 1255 2,20 | 2,200.00 |
| | EMPI OVEE TOTAL | <u> </u> | ****** | 2,200.00 | | | | 2,200.00 |
| Crossroads Preg(IC) | - 1 | | | 1,200:00 | | | Direct Deposit # Unknown Check Amt 0.0 | <u>0 </u> |
| 20 | | | | | | | 1,20 | 1,200.D0 |
| | EMPLOYEE TOTAL | <u> </u> | •••• | 1,200,00 | | | Net Pay 1,20 | 1,200.00 |
| Life Choices of(IC) | | | | 3,200,00 | | | Check Amt 9,200. | 0.00
3,200.00 |
| | EMPLOYEE TOTAL | <u> </u> | ····· | 3,200.00 | | | Net Pay 3,20 | 3,200.D0 |
| Pregnancy Probl(IC) 22 | 1099 Misc Comp | | | 2,200,00 | | | Check Amt 0.1 Chkg 2289 2,200.1 | 0.00
2,200.00 |
| | EMPLOYEE TOTAL | <u>A</u> | ****** | 2,200,00 | | | Net Pay 2,2 | 2,200.00 |
| Womens Center o(IC) | | | | 3,200,00 | | | Check Amt 0.1 | 0.00 |
| <u> </u> | ••••• | ****** | ******** | 4100000 | ******** | | | 3,200.00 |
| | EMPLOYEE TOTAL | 2 | | 3,200,00 | | | Net Pay 3,2 | 3,200,00 |
| Womens Help Center (IC) 28 | 1099 Misc Comp | | | 3,200,00 | ************* | | Check Amt 0.1 | 3,200.00 |
| | EMPLOYEE TOTAL | <u> </u> | ****** | 3,200,00 | | | Net Pay 3,2 | 3,200,00 |
| Womens New Life(IC) 24 | 1099 Misc Comp
1099 Misc Comp | | ••••• | 1,200,00
1,200,00 | 33 | | Check Amt 0. Chkg 0051 2,400. | 0.00
2,400.00 |
| | EMPLOYEE TOTAL | ₽ | ******** | 2,400.00 | | | Net Pay 2,4 | 2,400.00 |
| 300 1099 TOTALS 7 Person(s) 7 Transaction(s) | | | , | 17,600,00 | | | Check Amt
Dir Dep 17,6 | 0.00 |
| œ | 300 1099 TOTAL | | | 17,600.00 | | | Net Pay 17,6 | 17,600.00 |
| COMPANY TOTALS 7 Person(s) 7 Transaction(s) | 1099 Misc Comp | ., | | 17,600,00 | | | Check Amt Dir Dep 17,6 | 0.bo
17,600.bo |

PAYROLL JOURNAL

(Prior to Processing)

0060 0060-T846 Family Values Resource Institute Inc

06/01/18 - 05/31/18 06/15/18 Period Start - End Date Check Date

Payroll Journal Page 2 of 2 PYRJRN

17,600,00 NET PAY ALLOCATIONS Net Pay DEDUCTIONS WITHHOLDINGS 17,600,00 REIMB & OTHER PAYMENTS HOURS, EARNINGS, REIMBURSEMENTS & OTHER PAYMENTS EARNINGS HOURS RATE COMPANY TOTAL 0060 0060-T846 Family Values Resource Institute Inc Run Date 06/13/18 Q2:05 PM DESCRIPTION (IC) = Independent Contractor EMPLOYEE NAME ID

CASH REQUIREMENTS

0060 0060-T846 Family Values Resource Institute Inc

CASH REQUIRED FOR NEGOTIABLE CHECKS &/OR ELECTRONIC FUNDS TRANSFERS (EFT) FOR CHECK DATE 06/15/18: \$17,600.00

TRANSACTION SUMMARY

SUMMARY BY TRANSACTION TYPE.

TOTAL ELECTRONIC FUNDS TRANSFER (EFT)
CASH REQUIRED FOR NEGOTIABLE CHECKS &/OR EFT
TOTAL REMAINING DEDUCTIONS / WITHHOLDINGS / LIABILITIES
CASH REQUIRED FOR CHECK DATE 06/15/18

17,600.00 0.0 17,600.00

TRANSACTION DETAIL

ELECTRONIC FUNDS TRANSFER - Your financial institution will initiate transfer to Paychex at or after 12:01 A.M. on transaction date.

TRANS, DATE 06/14/18

BANK NAME HANCOCK BANK OF

ACCOUNT NUMBER xxxx1380

PRODUCT Direct Deposit

DESCRIPTION

Net Pay Allocations

17,600.00

BANK DRAFT AMOUNTS A. OTHER TOTALS 17,600.00

EFT FOR 06/14/18

17,600.00 17,600.00

TOTAL EFT

YOU ARE RESPONSIBLE FOR MAKING THESE TAX DEPOSIT(S) ON OR BEFORE THE DUE DATE

DUE DATE 06/20/18

Payroll

DESCRIPTION Fed Backup

REPLACEMENT 0.00

05/01/18 - 05/31/18 06/15/18

Period Start - End Date Check Date

0060 0060-T646 Family Values Resource institute Inc Run Date 06/13/18 02:05 PM